



**VEXCON**  
CHEMICALS, INC.

Concrete solutions for architects, engineers and builders since 1974  
888-839-2661 | sales@vexcon.com | 7240 State Road | Philadelphia, PA 19135 [vexcon.com](http://vexcon.com)

## STARSEAL PS PROJECT CONFERENCE & JOB SURVEY FORM

**Project Name:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

\_\_\_\_\_

**Sub-Contractor/Installer** \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Installer: \_\_\_\_\_

**General Contractor** \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of General Contractor: \_\_\_\_\_

**Property Owner/Owner's Representative:** \_\_\_\_\_

Entity \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of property owner/representative: \_\_\_\_\_

**Architect/Specifier/Designer:** \_\_\_\_\_

Firm Name \_\_\_\_\_

Firm Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Architect/Specifier/Designer: \_\_\_\_\_

Spec. Attached

**(Note: Please provide a copy of the specification, drawing or plan if documentation exists.)**

**SECTION I:**

Date of Conference: \_\_\_\_\_

**Conference Participants: Name/Company**

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

The **StarSeal PS** product data, MSDS, installation for each StarSeal PS product as well as the **specification** and **sample warranty** must be reviewed and all pages initialed by property owner, contractor and other conference participants. Environmental requirements, scheduling and phasing of work, coordinating with other work and personnel, protection of adjacent surfaces, surface preparation, repair of defects and defective work prior to installation, application, coverage rates, installation of polished [non-film forming] or [film forming] floor finish, importance of un-reacted silicate rinse, protection of finished surface after installation, cleaning, equipment, tooling, worker safety, and all other elements of the project(s) should be reviewed and noted at this time. Any special requirements should also be discussed and noted. Mock-up as required by specification must be available for review and approval by all participants.

**Details Covered during conference:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Project Information as part of pre-installation meeting:**

<b>Condition of Concrete Surface:</b>	New _____	Old /uncoated _____
	Old /coated _____	Dusting _____
	Soft _____	Cracked _____

**(A). Please describe in detail pre-StarSeal PS installation surface preparation: (please indicate all products and equipment used).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Type/name: \_\_\_\_\_ % of surface area: \_\_\_\_\_  
Quantity: \_\_\_\_\_ Dates of Surface Preparation: \_\_\_\_\_
2. Type/name: \_\_\_\_\_ % of surface area: \_\_\_\_\_  
Quantity: \_\_\_\_\_ Dates of Surface Preparation: \_\_\_\_\_
- Total Area Covered: \_\_\_\_\_ sq ft.

**(B). StarSeal PS product(s) to be used and quantity:**

- |                                      |                          |                 |
|--------------------------------------|--------------------------|-----------------|
| 1. StarSeal PS Clear                 | <input type="checkbox"/> | Quantity: _____ |
| 2. StarSeal PS Ultra Stain           | <input type="checkbox"/> | Quantity: _____ |
| 3. StarSeal PS Ultra Guard SRE       | <input type="checkbox"/> | Quantity: _____ |
| 4. StarSeal PS Fixative              | <input type="checkbox"/> | Quantity: _____ |
| 5. StarSeal Fusion                   | <input type="checkbox"/> | Quantity: _____ |
| 6. StarSeal PS Finish Coat Ultra     | <input type="checkbox"/> | Quantity: _____ |
| 7. StarSeal PS Finish Coat Ultra AIM | <input type="checkbox"/> | Quantity: _____ |
| 8. StarSeal PS Finish Coat Ultra WB  | <input type="checkbox"/> | Quantity: _____ |

**(C). High Speed Propane Equipment and Pad brand and Colors or Grits:**

\_\_\_\_\_  
\_\_\_\_\_

**After Job Conference: Mail or fax to 215.332.9997. The completes Job Survey Form through Section I along with all required documents. Keep copies of these documents.**

**SECTION II:** NOTE (Please continue additional days on separate paper and attach.)

Include 4 photos (2 MB or higher) of the completed floor must be sent in via email with the warranty documents.

**1st Day of Application**

Date: \_\_\_\_\_

[Exterior] Weather Conditions or [Interior] Climate Conditions:

Product(s) Used: \_\_\_\_\_  
\_\_\_\_\_

Quantity Used: \_\_\_\_\_

Equipment Used: \_\_\_\_\_

Summarize work performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3rd Day of Application**

Date: \_\_\_\_\_

[Exterior] Weather Conditions or [Interior] Climate Conditions:

Product(s) Used: \_\_\_\_\_  
\_\_\_\_\_

Quantity Used: \_\_\_\_\_

Equipment Used: \_\_\_\_\_

Summarize work performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2nd Day of Application**

Date: \_\_\_\_\_

[Exterior] Weather Conditions or [Interior] Climate Conditions:

Product(s) Used: \_\_\_\_\_  
\_\_\_\_\_

Quantity Used: \_\_\_\_\_

Equipment Used: \_\_\_\_\_

Summarize work performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4th Day of Application**

Date: \_\_\_\_\_

[Exterior] Weather Conditions or [Interior] Climate Conditions:

Product(s) Used: \_\_\_\_\_  
\_\_\_\_\_

Quantity Used: \_\_\_\_\_

Equipment Used: \_\_\_\_\_

Summarize work performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At project completion forward the completed **job survey form** and upon review of this form and verification that all application procedures were correctly followed per StarSeal PS installation specification Vexcon will execute the warranty. A warranty certificate will be mailed to the property owner and contractor within 4 weeks.

**I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to issue a Vexcon Chemicals Limited Warranty upon successful review by the Manufacturer. Furthermore, I hereby authorize the Manufacturer and Seller to verify information listed in this application and to release necessary information to verify the information contained herein.**

\_\_\_\_\_  
Authorized Signor

\_\_\_\_\_  
Date