



Where science and art join to make a lasting shine
888-839-2661 | sales@vexcon.com | 7240 State Road | Philadelphia, PA 19135 vexcon.com

CERTI-SHINE PROJECT CONFERENCE & JOB SURVEY FORM

Project Name: _____

Project Address: _____

Certified Certi-Shine 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 **Certi-Shine** product data, MSDS, installation **specification** and **sample warranty** and current **Certi-Shine Certified Installer Certificate** 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 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:

Condition of Concrete Surface:

New	_____	Old /uncoated	_____
Old /coated	_____	Dusting	_____
Soft	_____	Cracked	_____

(A). Please describe in detail Pre-Certi-Shine 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). Certi-Shine Product(s) to be used and Quantity:

- 1. Certi-Shine Clear: _____ Quantity: _____
- 2. Certi-Shine MicroStain: _____ Quantity: _____
- 3. Certi-Shine Fixative: _____ Quantity: _____
- 4. Certi-Shine Fusion: _____ Quantity: _____
- 5. Certi-Shine Finish Coat CE: _____ Quantity: _____
- 6. Certi-Shine Finish Coat Ultra: _____ Quantity: _____
- 7. Certi-Shine Finish Coat Ultra AIM: _____ Quantity: _____
- 8. Certi-Shine Finish Coat Ultra Water Base: _____ Quantity: _____

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

After Job Conference: Mail or fax to 215.332.9997. The completed 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: _____

Weather Conditions: _____

Product(s) Used: _____

Quantity Used: _____

Equipment Used: _____

Summarize work performed:

2nd Day of Application

Date: _____

Weather Conditions: _____

Product(s) Used: _____

Quantity Used: _____

Equipment Used: _____

Summarize work performed:

3rd Day of Application

Date: _____

Weather Conditions: _____

Product(s) Used: _____

Quantity Used: _____

Equipment Used: _____

Summarize work performed:

4th Day of Application

Date: _____

Weather 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 Certi-Shine installation instructions. 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