



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

PROJECT CONFERENCE & JOB SURVEY FORM

SECTION I: General Information

Project Name: _____

Project Address: _____

Contractor/Applicator: _____

Company Name _____

Company Address: _____

Job Superintendent/Project Manager: _____

Phone Number: _____ E-mail: _____

Signature of Contractor / Applicator: _____

General Contractor: _____

Company Name _____

Company Address: _____

Job Superintendent/Project Manager: _____

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/Engineer/Specifier: _____

Firm Name _____

Firm Address: _____

Phone Number: _____ E-mail: _____

Signature of Architect/Engineer/Specifier: _____

A. Conference Participants: Name/Company/Title

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

B. The project specification, drawing, plans, sample warranty, manufacturer(s) product data and SDS along with any other related documents (technical notes, testing data, etc) must be reviewed and all pages initialed by property owner, contractor and other conference participants. Note in detail specific area(s) to be treated, surface preparation, application, equipment, tooling, coverage rates, worker safety, and all other elements of the project(s) should be reviewed and noted at this time. Any special requirements including possible bad weather, scheduling problems and the like should also be discussed and noted.

Details Covered during conference:

C. Project Information as part of pre-installation/site visit meeting:

1. Condition of Surface: Note any deficiencies and/or special considerations:

Concrete _____	Masonry _____	Other (specify) _____
New _____	Old /uncoated _____	Other _____
Old /coated _____	Dusting _____	_____
Soft _____	Cracked _____	

2. Please describe in detail Pre-Installation surface preparation: (please indicate all products and equipment used).

a. Product type/name: _____ % of surface area: _____
Quantity: _____ Dates of Surface Preparation: _____

b. Product type/name: _____ % of surface area: _____
Quantity: _____ Dates of Surface Preparation: _____

c. Note in detail specific area(s) to be treated (i.e. North Wall, Balcony, Parapets, Deck, Kitchen Floor, etc.):

d. Total Area Covered: _____ sq ft.

e. Indicate methods of surface preparation (i.e. sand blast, power wash etc): _____

D. Vexcon Product(s) to be installed and quantity:

- 1. Product: _____ Quantity: _____
- 2. Product: _____ Quantity: _____
- 3. Product: _____ Quantity: _____
- 4. Product: _____ Quantity: _____
- 5. Product: _____ Quantity: _____

E. Mock-up (test panels) as required by specification and/or product(s) manufacturer (must be available for review and approval by all participants). Mock-up must be done in accordance with manufacturer’s written instructions.

1. Date Mock-up (test panels) were applied: _____

2. List individuals present (Manufacturer Rep. Architect, etc):

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

3. Describe surface area were test is applied to. Note any deficiencies and/or special considerations:

4. Additional field testing requirements. Contact Vexcon for additional test protocols as needed: _____

5. Type of application/equipment utilized (brush, airless sprayer etc.): _____

6. Did owner approve test? Yes _____ No _____ (Attach approval)

7. Did architect/engineer approve test? Yes _____ No _____ (Attach approval)

F. After Project Conference: Mail or E-mail (customerservice@vexcon.com) the following documents (where applicable).

_____ Project Specification	_____ Drawing, Plans
_____ Job Survey Form (completed through Section II)	_____ Product(s) Data
_____ Initialed Installation Specification	_____ SDS
_____ Sample Warranty	_____ Other Support Documents
_____ Photos	_____

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

Include a minimum of one photo per day as well as 4 photos (1 MB or higher) of the completed project must be sent via email with all completed warranty documents.

Surface Preparation

Date(s): _____

Weather Conditions: _____

Product(s) / LOT# Used: _____

Quantity Used: _____

Equipment Used: _____

Summarize work performed:

Surface Preparation

Date: _____

Weather Conditions: _____

Product(s)/LOT# Used: _____

Quantity Used: _____

Equipment Used: _____

Summarize work performed:

1st Day of Application

Date: _____

Weather Conditions: _____

Product(s)/LOT# Used: _____

Quantity Used: _____

Equipment Used: _____

Number of Coats Applied: _____

Summarize work performed:

3rd Day of Application

Date: _____

Weather Conditions: _____

Product(s)/LOT# Used: _____

Quantity Used: _____

Equipment Used: _____

Number of Coats Applied: _____

Summarize work performed:

2nd Day of Application

Date: _____

Weather Conditions: _____

Product(s)/LOT# Used: _____

Quantity Used: _____

Equipment Used: _____

Number of Coats Applied: _____

Summarize work performed:

4th Day of Application

Date: _____

Weather Conditions: _____

Product(s)/LOT# Used: _____

Quantity Used: _____

Equipment Used: _____

Number of Coats Applied: _____

Summarize work performed:

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