



SUBMIT <u>Before Work Begins</u> on any Project seeking ACTECH's Labor + Material Performance Warranty.

When The Pre-Job Survey is submitted to ACTECH <u>before the project begins</u>, it allows Our Technical Team to better coordinate with you on your project and to help you achieve success. Call us (or facetime with us) to go over this pre-job planning list together.

PROJECT INFORMATION:
Project Name: Size of Project (Square Feet):
<b>NEW</b> System (s) to be Installed on Top of the ACTECH Primer (List <u>ALL</u> Products)
Have you received the Installation Procedures from the ACTECH Technical Team? ☐ Yes ☐ No
☐ Concrete Mix Design <u>F Known and Sending to ACTECH</u> ☐ Concrete Mix Design Not Known / Not Available
Any silicate or silica-based admixtures or spray applied products present in concrete? $\square$ Yes $\square$ No $\square$ Do Not Know ACTECH considers silicates and colloidal silicas to be bond-breakers. Consult ACTECH Technical Staff.
Approximate Age of Slab? Modular / Pre-Fabricated Slab? ☐ Yes ☐ No
(Check ALL that Apply)  □ Below-Grade (note: ACTECH Primers do not protect against hydrostatic pressure/water incursion)  □ Elevated Slab □ Split Slab □ Light Weight □ Light Weight Structural □ Structural Slab □ Fiber Reinforced  □ Hard-Troweled □ High PSI/ High Strength/Slick □ Soft / Low PSI / Porous  □ Heavy Broom Finish □ Medium Broom Finish □ Light Broom Finish □ Green/Recently Placed □ New Trenchwor  How Would you Categorize this Proposed Project? □ Maintenance & Repair □ Renovation/Upgrade □
Failed Installation   New/First Installation  Has any testing been conducted (ASTM F2170, Core Testing, Reports, Others)?
System Currently in place (Manufacturer/Type)?

## PRE JOB SURVEY EXTERIOR APPLICATIONS

Concrete Prin	ners		EXTERIOR AP	PLICATIONS	
Which Conditions [	Do You Observe in the Existing Wa	aterproofing / Roofing	Installation? (Check <u>All</u>	that Apply)	
☐ Dry Blisters	☐ Hard Bumps/ Pop-Outs	☐ Pinholes	☐ De-Bonding	☐ Peeling	
☐ Wet Blisters	☐ Seams / Joints Lifted	☐ Smells	☐ Discoloring	☐ Ripples	
☐ Fisheyes	☐ Discoloring	☐ Delamination	☐ Cracks	☐ Mold	
☐ Oil Spots or Stair	15	☐ White Film (efflo	rescence, amine blush, o	etc.)	
□ Other					
Building History/Ty	pe & Description:				
	(Examples: machine shop, processi	ing plant, automotive, p	parking garage, hospital	, school, etc )	
Geographic Factors	s:				
2 - 30. wp.iie i detois	(coastal area, flood plain, co		itude, near body of wat	er, desert, etc)	
Anything Flor Alex	it the Clah Vou Think Man be Inc.	ortant for planning the	: Droject		
Anything Else Abol	ut the Slab You Think May be Imp	ortailt for planning this	ร คาบุเยน		
DATCHING AND T	ILLING DDOCEDLIDEC FOR CRAC	CKE VIID IOINITE			
	FILLING PROCEDURES FOR CRAC ng / Filling / Concrete Topping Mat		ved due to unknown his	story? 🗆 Vec 🗆 Ne	
_	ased patching or topping slab? $\Box$ `			-	
	ching, Filling and Repairs Be Neces		or the animinowin, MiOST	JE NEIVIOVED)	
_	be treated? $\square$ Yes $\square$ No $$ *coat si	•	170™ FC and honor mo	ving ioints	
	100 100 Coat 5				
What materials wil	II be used? Any potential Issues? S	ignificant cracks? Desc	ribe Your Plan Below:		
Note: if cracking or	damage to the concrete substrate	e is extensive, please co	ntact ACTECH Technical	Team prior to star	
Is there any stoppi	ng or filling material in cracks and	l ioints that will need to	n he removed? □ Vec □	l No	
	ng or filling material in cracks and /filler material where ACTECH will	•			
(All stopping)	,c. material where ACTLCH WIII	ac installed flust be fe	ovea ainess otherwist	Stated by ACIECH	
SURFACE PREP PE	ROCEDURES:				
Proposed CSP profi	le for this slab to make it ready to	receive the ACTECH 21	70™FC Primer?		
□CSP 3 □CSP 4	☐ CSP 5 ☐ Other	If Other, pleas	se call ACTECH before p	roceeding.	
Proposed equipmen	nt for mechanically profiling the co	oncrete claha 🗆 Chathl	act   Dlanotani Criadi	ar DOthor	
	nt for mechanically profiling the co scribe and discuss with ACTECH be		· ·		
Protocol to be used	d to clean surface of residual dust 8	& debris □ Vacuum □ \	Wash □ Other		
AMBIENT CONDT	TIONS PROCEDURES:				
What devices will y	nat devices will you be using to monitor slab temps, air temps, ambient relative humidity, and dew points during				

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application of the ACTECH 2170™ FC Primer?\_\_\_\_\_

## **PRE JOB SURVEY**EXTERIOR APPLICATIONS

Will you be taking extra measures to handle environmental conditions (ie tenting)?? $\Box$ Yes $\Box$ No
f tented, will the space below heated or unheated? $\Box$ Yes $\Box$ No Avoid a temperature differential by heating the below space. Consult the Application procedures and ACTECH Technical Feam.
Describe your plan
WHICH ACTECH SYSTEM WILL YOU BE USING FOR THIS EXTERIOR PROJECT:
☐ One-Coat System / Moisture Mitigation Coat (neat)
☐ <b>Two-Coat System</b> / Pin-Hole Prevention Coat (with acetone) + Moisture Mitigation Coat (neat) *Used when Pin-holing is an issue on the slab and discovered upon conducting a mock-up.
☐ Two-Coat System / Moisture Mitigation Coat (neat) + Bond Coat with sand-broadcast *Used only when subsequent systems require a mechanical bond
☐ Three-Coat System / Two Coat System + Bond Coat with sand broadcast  *Used when Pin-holing is an issue with the slab and when subsequent systems require a mechanical bond
$\square$ I <b>Do Not Know.</b> CONTACT ACTECH TECHNICAL STAFF BEFORE PROCEEDING
Submittal
As the Approved On-Site Supervisor for this Project, I confirm that I have received, reviewed, and understand all the ACTECH documents required for 1) concrete surface preparation, 2) product installation, and 3) the project's eligibility for ACTECH's Performance Warranty. All information provided above is accurate and true to the best of my knowledge. I understand that any information discovered to be falsified or purposely misrepresented at any time may result in the cancellation or voiding of any warranty offered or issued by ACTECH for any of its products involved in this project.
Signature of Approved On-Site Supervisor: (E-Signature Acceptable)
Date:
Submit to: Alex Rogers – arogers@actechperforms.com or Mac Krauss – mkrauss@actechperforms.com
FOR ACTECH INTERNAL USE ONLY
Date Received By ACTECH         Name:
Signature of ACTECH Reviewer:
Date Sent Back to On-Site Supervisor:













