



SLAB ASSESSMENT WORKSHEET

Location: _____

Client: Owner ___ Tenant ___ Facility Management ___ Other: _____

Client Name: _____

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

Facility Address: _____

Facility Contact Person: _____

Phone: _____ Fax: _____ Email: _____

General Contractor: _____

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Engineer: _____

Phone: _____ Fax: _____ Email: _____

Facility Age: _____ **Size:** _____ **Construction Type:** _____

Facility Type:

Manufacturing ___ Warehouse/Distribution ___ Facility Management ___ Aviation Hangar ___

Other _____



SLAB ASSESSMENT WORKSHEET

Location: _____

Slab Thickness: _____ Wire Mesh? _____ Fiber Reinforced? (metal or poly?): _____ Dowel Bars? _____

Floor overlaid with topping slab? (if yes, how thick & how old?) _____

Evidence of Prior Repairs: _____ Condition of Previous Repairs: _____ Age of Previous Repairs _____

Joint Spacing: _____ Column Spacing: _____

Floor coating or sealer installed? _____
(If yes, what type: epoxy, penetrating sealer, polyurethane, trowel down, clear or colored system, etc.) _____

Polished floor? _____
If yes, what type of system? _____

Wire guidance or tow line system used for product transport? _____

Work Shift: Nights ____ Weekend ____ Shifts ____ Holidays ____ Other: _____

Shift Hours: Start of Day: _____ End of Day: _____

Estimated Start Date: _____ **Estimated Completion Date:** _____



AREA FOR REPAIRS AND TYPE OF REPAIRS

Location: _____

AREA/ AISLE #	SLAB STABILIZATION	JOINT NOSING				NEW JOINT FILLER				SPALLS				BOLT HOLES				RANDOM CRACKS							
	Linear Feet	Length	Width	Depth	E/P	Length	Width	Depth	E/P	Length	Width	Depth	E/P	Length	Width	Depth	E/P	Length	Width	Depth	E/P				
TOTAL																									

Comments: _____

Date: _____