

LINING SITE ANALYSIS

Company Name: _____ Date: ____/____/____
Mailing Address: _____ Shipping Address: _____
City: _____ State: _____ Zip: _____ Phone (____) _____
Fax: (____) _____ Contact (s): _____ Position: _____
Type of Business: _____ Name of Project: _____

EXPOSURE CONDITIONS

1. Lining exposed to? Corrosion: _____ Abrasion: _____ Impact: _____ Other: _____
2. Chemical (Concentrations and Temperature): _____
3. PH Range? From: _____ To: _____
4. Lining subject to live steam? Temp: _____ F _____ C Location of Steam Pipes _____
5. Is tank pressurized? _____ PSI: _____
6. Temperature range? From: _____ F _____ C (min) To: _____ F _____ C (max)
7. Thermal Shock? Yes: _____ No: _____

DESCRIPTION OF APPLICATION

1. Dimensions: _____
2. Area to be lined: Bottom: _____ sq. ft. Sides: _____ Top: _____ sq. ft. Total: _____ sq. ft.
3. Type of substrate: Concrete: _____ Mild Steel: _____ Stainless Steel: _____ Tile: (lined or blocked) _____
4. Removal? (sq. ft. / thickness) Liner: _____ Coating: _____ Tile: _____ Concrete: _____
Sealer: _____ Wood: _____ Other: _____
5. Conditions of Surface (% of each) Smooth: _____% Sm. Agg.: _____% Lg. Agg.: _____%
6. Wall thickness? _____ Flexing? Yes: _____ No: _____
7. Square: _____ Rectangular: _____ Cylinder: _____ Cone: _____ Other: _____
8. Age of Tank: _____
9. Pitch of fill required (dimensions / thickness) _____
10. Lining System Recommended: _____ Primer: _____ Veilcoat: _____
Alternate: _____ Primer: _____ Veilcoat: _____

SITE / APPLICATION CONDITIONS

1. Access size into tank: _____ Other vents: _____
2. Is tank enclosed? Yes: _____ No: _____
3. Is tank inside? _____ Outside: _____
4. Temperature of area during application and cure (be specific) _____
5. Work to be done: Weekday: _____ Weekend: _____ Holiday: _____ Shutdown: _____
6. Total available time for installation and cure (be specific) _____
7. Obstructions: Internal (explain) _____
External (explain) _____
8. Is blasting possible? Yes: _____ No: _____ Optional? _____
9. Compressed air available? (min. 100 cfm @ 90 psi) _____
10. Electricity? 110V _____ 220V(1ph) _____ 220V(3ph-60amp) _____ 440V(3ph-60amp) _____
11. Lift truck available? Yes _____ No: _____
12. Where can debris be disposed of? _____
13. Solvent odor objectionable / ventilation required (explain) _____
14. Safety requirements? _____

15. General notes: _____

DETAILED DIAGRAM OF AREA TO BE LINED

FOR OFFICE USE ONLY PRODUCT (S)

APPROVED FOR APPLICATION

Authorized Signature

Customer
