KOSTER VAP I® 2000 MOISTURE CONTROL SYSTEM PRE-JOB CHECKLIST

KOSTER Approved Applicator: ____________________________________________________________
Address Street: ____________________________________________________________
Address City: ____________________________________________________________ State: ______ Zip: ______________
Contact: ___________________________ Phone: ___________________________
Fax: ___________________________ Email: ___________________________

Project Name: ____________________________________________________________
Project Address Street: ____________________________________________________________
Project Address City: ____________________________ State: ______ Zip: ______________

General Contractor: ____________________________________________________________ Phone: ___________________________
Fax: ___________________________ Email: ___________________________
Project Manager: ___________________________ Phone: ___________________________
Fax: ___________________________ Email: ___________________________

Project Information:
Estimated Size of Floor to be coated: __________ sq ft Number of stories______________
New constrn____ Prior Use: Medical____ Manufacturing____ Retail____ Automotive____ Other_________
Building History: _______________________________________________________________________
__________________________________________________________________________________________

Did a previously installed flooring system fail? Yes____ No____ Describe (attach reports)__________________________
__________________________________________________________________________________________

Approx. age of concrete: __________ Slab Thickness: ______ inches If new concrete, attach mix design
Slab on Grade____ Elevated Slab on Metal Deck____ Elevated Structural Concrete Slab____ Precast____
General Condition of Concrete: Good ____ Poor ____ Describe: _________________________________
Existing Cracks/Joints? Moving___ Non-Moving____ Control Joints____ Expansion Joints____ Fibers____
Surface contaminants visible: Yes_____ No____ If yes, attach description and / or pictures
Other substrate / surface irregularities observed: Yes____ No_____ If yes, attach description and / or pictures
Tilt-up construction? Yes____ No____ Concrete Wet Cured? Yes____ No____ Unknown____
Curing Compound Used? Yes____ No____ Unknown____ If yes, type: _________________________________
Chemical Floor Hardener? Yes____ No____ Unknown____ If yes, type: _________________________________
Is building enclosed? Yes____ No____ Temporary HVAC____ Permanent HVAC________
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Moisture Testing:
ASTM F2170 Relative Humidity Probes? Yes____ No____ (Attach results)
ASTM F 1869 Moisture Vapor Emission Rate Tests (calcium chloride kits)? Yes____ No____ (Attach results)

Concrete Testing:
Was core testing discussed with owner / general contractor? Yes____ No____
Were core samples obtained and analyzed? Yes____ No____ (Attach results)
Water-soluble ions analysis? Yes____ No____
Solvent-extractable organic compounds? Yes____ No____
Petrographic Analysis? Yes____ No____
Concrete Compressive Strength (ASTM C42): _________ psi (Attach results) Not known____
Concrete Surface Tensile Strength (ASTM C1583): _________ psi (Attach results) Not known____
Describe findings that might affect successful installation of VAP® 2000 moisture control system:  
___________________________________________________________________________________

Proposed KOSTER Product Installation:
KOSTER VAP® 06 Primer____ KOSTER SL Underlayment____ KOSTER SL Premium Underlayment____ KOSTER SC Skim Coat____

Approved Applicator Signature:
All information provided above is accurate and true to the best of the signer's knowledge. Any supplemental information needed to accurately and fully disclose existing conditions must be listed on a separate sheet and accompany this document. Any information that has been found to be erroneous or incomplete at any time will result in the cancellation of any warranty provided or promised for this project or voiding of any warranties to be supplied by KOSTER American Corp for any of its products involved in this project.
I acknowledge that the provided information is accurate and true to the best of my knowledge:  
___________________________________________________________________________________

Signature of KOSTER Approved Applicator  Date: ___________________________

Printed Name and Title: _______________________________________________________

The Pre-Job-Checklist was received by KOSTER:
___________________________________________________________________________________  Date: ___________________________

Signature of KOSTER tech staff  
Printed Name and Title: _______________________________________________________

Confirmation of the receipt of this checklist by KOSTER does not mean that KOSTER approves the substrate to be suitable for application of the product by the applicator.

To ensure a timely response, please complete this form in its entirety and submit via email to warranties@kosterusa.com

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