



## **Jobsite Checklist and Pre-Installation Warranty Verification KOSTER VAP I<sup>®</sup> Water Vapor and Alkalinity control Products**

This checklist is intended as a general pre-job information gathering tool to obtain pertinent facts, parameters and requirements of projects where KOSTER American products are specified or going to be applied to concrete surfaces. **This checklist is recommended for warranty consideration and warranty registration purposes** in ascertaining the suitability of any given concrete (substrate) floor to qualify for the KOSTER American's 10 year product and performance warranty. The applicator, distributor or representative is to complete and provide as much information requested in this form as possible. In some cases the item in question may not be performed or required but it is of utmost importance that the item at least be mentioned in detail to the General Contractor, Specifier, facility owner or his agent so that all involved in the project understand these parameters.

This checklist information is requested to provide the applicator and the home office with the necessary information to validate our 10 year warranty to the end customer. The last page of this checklist is required and must accompany all requests for KOSTER warranty. Please take the time to fill the checklist out as completely as possible prior to every job that KOSTER products are used on.

The KOSTER American Technical staff is always standing by to assist you in answering questions, helping to analyze test results and generally offer our assistance in resolving any problems you may encounter on any given project. It the sincere goal of the entire KOSTER American staff that each project requiring a VAP I<sup>®</sup> product application be safe, successful and as trouble free as possible.

Any manufacturing defects noted or observed in any of our products must be reported to KOSTER American in writing within ten (10) days of application of product.

This completed sheet is to be faxed and/or mailed to the KOSTER American Technical staff in a timely manner prior to the start of each project for proper evaluation and warranty qualification.

Bill Harrill  
Technical Director

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# Warranty Request - Pre-Job Checklist

- **GENERAL INFORMATION:** (circle one) Commercial Residential Other

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_

Project/Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Project Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Flooring Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

KOSTER Certified? Y N Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Project Building: \_\_\_\_\_ Size of Floor (square feet): \_\_\_\_\_

History of Building: (If known) \_\_\_\_\_

- **CONCRETE INFORMATION:**

Approximate age of concrete: \_\_\_\_\_ Thickness: \_\_\_\_\_

General Condition of Concrete: Good Fair Poor Other: \_\_\_\_\_

Y  N Slab on Grade Other: \_\_\_\_\_

Y  N Existing Cracks? Moving Non-Moving Control Cuts Expansion Spider

Y  N Failed Flooring System? Blisters Size: \_\_\_\_\_ Count? \_\_\_\_\_

Type of Failed Flooring: Tile VCT Sheet Vinyl Rubber Carpet Wood Sports Floor Epoxy

Other: \_\_\_\_\_ Brand? \_\_\_\_\_

- **CONCRETE CURING METHOD:** (Please note if any Tilt-Up construction was used)

Y  N Concrete Moisture Cured?

Y  N Membrane Cured? Type: \_\_\_\_\_

Y  N Silicate Based Curing Compound? Type: \_\_\_\_\_

Y  N Chemical Floor Hardener Applied? Type: \_\_\_\_\_

• **TESTING AND TEST RESULTS FOR THIS CONCRETE:**

Y  N (ASTM F 1869) Calcium Chloride Tests Performed; Include a copy of test results:  
If possible include a floor plan or rough sketch of test area

Number of test kits applied: \_\_\_\_\_ High Reading: \_\_\_\_\_

Y  N (ASTM F2170): Relative Humidity; No of Probes: \_\_\_\_\_ High Reading: \_\_\_\_\_

Y  N Was Core testing offered, explained and discussed? Initial: \_\_\_\_\_

Y  N Ion Chromatography (IC)?

Y  N Infra Red Spectroscopy (IR)?

Y  N Energy Dispersive X-ray (EDXA)?

Please send copies of all testing and test results to the KOSTER American Tech Staff for review prior to any coatings application.  
Fax: (757)425-9951

Y  N Petrographic Analysis (Thin Slice) for ASR (Alkali-Silica Reactivity)?

Y  N Core Samples Taken? How Many? \_\_\_\_\_ Size: \_\_\_\_\_  
Please include a simple map of Locations (if known)

Lab Cores Sent to: \_\_\_\_\_ Lab Job No: \_\_\_\_\_

• **CONCRETE SLAB PARAMETERS:**

Y  N Compressive Strength Measured? (ACI 201: ACI 201.2R-01 Guide to Durable Concrete)

Y  N Elcometer Reading: \_\_\_\_\_ psi (Record Lowest reading)

Y  N Surface Contaminates Visible or Observed?

Y  N Irregularities Observed? Chips Large Cracks Gouges Holes Not Level  
Description: \_\_\_\_\_

• **CONCRETE SURFACE PREPARATION:**

Y  N Shotblast? (With edge grinding)

Y  N ICRI CSP Value Recommended (minimum of a 3): 3 4 5 6 Other:

Y  N Grinding? Machine Type: \_\_\_\_\_

Y  N Scarify? Surface Condition: \_\_\_\_\_

- Y  N Concrete Surface Cleaned Properly?
- Y  N Excess Shot Removed?
- Y  N Swept With Broom?
- Y  N Vacuumed?

• **PRODUCT APPLICATION:**

KOSTER Product Recommended (VAP I): pH 2000 2000 FS ORS Other: \_\_\_\_\_

- Y  N Spread Rate; SF/Gal: \_\_\_\_\_ Gallons Used on Job: \_\_\_\_\_
- Y  N Mixing Instructions Reviewed? Mixer Type: \_\_\_\_\_ Mix Time: \_\_\_\_\_
- Y  N Squeegee/Backroll? Notched Mil Squeegee: \_\_\_\_\_
- Y  N Proper Nap/Type Roller Cover? 3/8" 1/2" 3/4" Other: \_\_\_\_\_
- Y  N Dew Point Checked? Slab Temp: \_\_\_\_\_ ° F Air Temp: \_\_\_\_\_ ° F
- Y  N Slab Temperature Steady and/or falling but NOT rising; Time: \_\_\_\_\_
- Y  N Humidity Checked? Ambient Humidity: \_\_\_\_\_ % Time: \_\_\_\_\_

**For pH Application:**

- Y  N 5 – 10 Minute Induction Time?  Y  N Pre-Dampen Concrete?
- Y  N Re-Broom 20 -30 Minutes After Application?

All information provided above is as accurate and true to the best of the signer's knowledge. Any changes, deviations or errors in the above information or requested information must be listed on a separate sheet and accompany this document. Any information that has been found to be falsified or purposely misrepresented 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 American Representative or Approved Applicator

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Owners Agent

DATE: \_\_\_\_\_

**KOSTER WARRANTY INFORMATION**

**Attention: Mashayla Fultz**

**PH: (757) 425-1206**

**FAX: (757) 425-9951**

**Project:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Size:** \_\_\_\_\_

**KOSTER System Applied:** \_\_\_\_\_

**Date Started:** \_\_\_\_\_

**Date Finished:** \_\_\_\_\_

**Applicator:** \_\_\_\_\_

**Cover System:** \_\_\_\_\_

**KOSTER Rep or Distributor:** \_\_\_\_\_

**Original Mailed To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_