



## KOSTER VAP I<sup>®</sup> 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 \_\_\_\_\_

# KOSTER PRE-JOB CHECKLIST

## Moisture Testing:

ASTM F2170 Relative Humidity Probes? Yes\_\_\_\_ No\_\_\_\_ (Attach results)

ASTM F1869 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 I<sup>®</sup> 2000 moisture control system:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Proposed KOSTER Product Installation:

KOSTER VAP I<sup>®</sup> 2000\_\_\_\_ KOSTER VAP I<sup>®</sup> 2000FS\_\_\_\_ KOSTER VAP I<sup>®</sup> 2000UFS\_\_\_\_ KOSTER VAP I<sup>®</sup> 2000 Zero VOC\_\_\_\_

KOSTER VAP I<sup>®</sup> 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:

\_\_\_\_\_  
Signature of KOSTER tech staff Date: \_\_\_\_\_

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.