



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 _____

Surface contaminants visible: Yes _____ No _____ If yes, attach description and / or pictures

Concrete Reinforced Fibers: Yes _____ No _____ If yes, please contact KOSTER Technical Support.

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 I® 2000 moisture control system: _____

Proposed KOSTER Product Installation:

KOSTER VAP I® 2000 ___ KOSTER VAP I® 2000FS ___ KOSTER VAP I® 2000UFS ___

KOSTER VAP I® 2000 Zero VOC ___ KOSTER VAP I® 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:

Date: _____
Signature of KOSTER Approved Applicator

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.