

Q&A-29 INSTALLER FORM



FLOORING EXCELLENCE PROGRAM

Secure your flooring projects with confidence

WELCOME TO OUR FLOORING EXCELLENCE PROGRAM

This comprehensive form is designed to enhance the success of your flooring projects. At Labsurface, we prioritize meticulous planning in every installation. Drawing upon our expertise in manufacturing high-performance coatings, we empower you, the installer, to address every technical aspect methodically. Your distributor is a crucial partner in our collaboration, providing guidance and support throughout the process. By following our guidelines and utilizing this form, you strengthen the foundation of your professional success.

FORM SUBMISSION OPTIONS:

1- HANDWRITTEN FORM:

Fill out the printed form on-site for immediate documentation. Then scan and email it to your distributor along with your photos.

2- INTERACTIVE PDF FORM:

Fill it out and email it to your distributor along with your photos.

Regardless of the method chosen, the installer form needs to be send to the distributor representative (not to Labsurface). Once the distributor completes their portion, they will send both forms and all pictures, to their Labsurface representative for further processing.

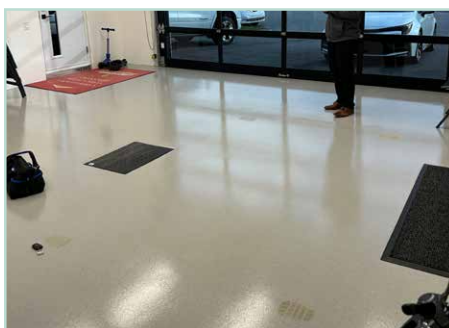


IMAGE DOCUMENTATION GUIDELINES & BEST PRACTICES

Labsurface advises capturing visual evidence at key stages of the flooring project, ensuring thorough documentation and providing technical validation. Pictures have to be provided in **high-resolution** and **taken in multiple angles** where there are **no shadows, light reflection disturbance**.

Include the following:

- 3+ general aspects of the floor/job,
- 3+ closer looks at problematic areas,
- 3+ close-up and detailed pictures of failures.

For clarification or more examples, please consult with your distributor.



INSTALLER FORM

DATE OF INSTALL

CONTRACTOR / INSTALLER		CONTACT NAME	
FOREMAN NAME		CUSTOMER / PROJECT NAME	
ADDRESS			
TYPE OF ENVIRONMENT <input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR		TYPE OF TRAFFIC <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY	
TYPE OF PROJECT <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL			

PROJECT DETAILS

SURFACE AREA <input type="checkbox"/> M ² <input type="checkbox"/> FT ²		TEMPERATURE (AIR) <input type="checkbox"/> °C <input type="checkbox"/> °F	
RELATIVE HUMIDITY (FLOOR) % <input type="checkbox"/> TRAMEX <input type="checkbox"/> PROBE		TEMPERATURE (FLOOR) <input type="checkbox"/> °C <input type="checkbox"/> °F	
MOISTURE VAPOR EMISSION RATE <input type="checkbox"/> PERM <input type="checkbox"/> LB/1000FT ² /24H		RELATIVE HUMIDITY (AIR) %	
MOH HARDNESS / GENERAL COMMENTS ON CONCRETE SUBSTRATE QUALITY			
SURFACE PREPARATION METHOD <input type="checkbox"/> DIAMOND GRINDING <input type="checkbox"/> SHOT BLASTING <input type="checkbox"/> OTHER			
CONCRETE SURFACE PROFILE <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4			
OTHER CONDITIONS <input type="checkbox"/> CRACKS <input type="checkbox"/> EFFLORESCENCE <input type="checkbox"/> HUMIDITY / PONDING WATER <input type="checkbox"/> OTHER			

PRODUCTS USED FOR THE SYSTEM INSTALLATION (complete list)

PRODUCT	LOT #	PURCHASE DATE	QUANTITY
#1			
#2			
#3			
#4			
#5			
#6			

SYSTEM DETAILS

# PRODUCT	COAT P = Primer B = Basecoat T = Topcoat	THICKNESS OR COVERAGE RATE <input type="checkbox"/> MILS <input type="checkbox"/> SQ. FT. per GAL	APPLICATION METHOD 1 = Squeegee 2 = Dipp & Roll 3 = Squeegee Backroll	DETAILS ON UTILIZED TOOLS (Flat or Notched Squeegee/ Roller Types/ Nap Length)	DRYING TIME BETWEEN COATS	SANDING BETWEEN COATS
						<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> T		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			<input type="checkbox"/> YES <input type="checkbox"/> NO

PROBLEMATIC DESCRIPTION (provide as much details as possible)

Your distributor's involvement is essential

Including their contact information facilitates direct communication and collaboration, enhancing project oversight and problem-solving capabilities. Let's work together to achieve optimal results.

DISTRIBUTOR	
STORE ADDRESS	
PHONE NUMBER	EMAIL
REPRESENTATIVE	