Pre-Job Checklist

To receive an extended warranty, all checklists must be completed by their due date. See the Extended Warranty Application for details.

A. CONTACT

Licensed Contractor Name	Company	Email		Phone
Project/Site Name	Point-of-Contact Name	Email		Phone
Project/Site Address		City	State	Zip
KRETUS®Distributor Name		Email		Phone

B. PROJECT SCOPE

EXPECTED START DATE: _____ EXPECTED END DATE: _____

PROJECT SCOPE/SPECIFICATIONS FROM CONTRACT ATTACHED:

☐ Yes, attached

☐ No, describe: _____

Area/Room Name	Floor Size (Square Feet)	Wall Size (Square Feet)	Wall Cove Size (Linear Feet)	New Construction	Addition	Renovation
Example: Kitchen	200	n/a	150		X	

C. CLIENT AESTHETICS: To view color options, contact a KRETUS® distributor for samples or visit kretus.com/color-charts or kretus.com/anti-slip.

C1. SELECT SYSTEM (see kretus.com/systems-brochure):

☐ Color Chip ☐ Color Quartz ☐ Color Splash

☐ Cove ☐ EcoMagnetic™ ☐ ESD, Nanotube ☐ ESD, Traditional ☐ Industrial Sand

☐ Metallic ☐ OMG Blocker (oil, moisture, gas blocker) ☐ UPC 1-Coat ☐ Waterproofing & Concrete Overlays

C2. NOTE COLOR(S) DESIRED (see kretus.com/color-charts): _____

C3. IS C2 CUSTOM COLOR: ☐ Yes ☐ No

For custom color, fill out KRETUS® Special Order form available at kretus.com/special-order-form. Allow up to 6 weeks' lead time. Additional fees apply.

C4. DESCRIBE ANY SPECIAL REQUESTS (inlaid mascot/logo, highlighted safety areas): _____

C5. ADD ANTI-SLIP* FOR FLOOR SYSTEMS (see kretus.com/anti-slip): _____

*Easy to clean with microfiber pads, Anti-Slip textures improve durability and increase skid, abrasion, and scratch resistance. Always test applications on-site to make sure flooring meets local, state, and federal regulations.

D. CLIENT OPERATIONS

D1. DOES CLIENT: ☐ Own area ☐ Rent area

D2. IS INSTALLATION: ☐ Indoor ☐ Outdoor, covered ☐ Outdoor, open

D3. AREA IS ☐ Industrial ☐ Residential ☐ Commercial

D4. DESCRIBE GENERAL OPERATIONS (autobody shop, hospital hallway, public pool deck, pharmaceutical plant production floor, single-family home garage): _____

E. EXPOSURE & TRAFFIC

E1. WHAT WILL AREA BE EXPOSED TO? ☐ Harsh lighting/UV rays. ☐ Extreme weight, maximum load: _____ lbs.
☐ Extreme heat/cold, temperature range: _____ °F
Describe source (freezer, oven, dishwasher): _____

E2. LIST CHEMICALS USED IN THE AREA (bleach, chlorine, citric acid, gasoline, oil, red wine, hard water):

_____

E3. HOW DO SPILLS OCCUR? (LEAKY PIPE, ROOF DAMAGE) _____

E4. HOW OFTEN DO SPILLS HAPPEN? ☐ Daily ☐ Weekly ☐ Other, describe: _____

E5. IS THERE A MOISTURE VAPOR BARRIER? ☐ Yes ☐ No

E6. DOES AREA REQUIRE WATERPROOFING? ☐ Yes ☐ No

E7. DESCRIBE CLEANING ROUTINE: How often is area cleaned? ☐ Daily ☐ Weekly ☐ Other, describe: _____
What cleaning solution/chemicals are used? _____ Temp range: _____ °F
What equipment is used? ☐ High-pressure wash, <2,000 psi ☐ Industrial high-pressure wash, 2,000+ psi ☐ Auto scrubber
☐ Microfiber mop ☐ String mop ☐ Other, describe: _____

E8. DESCRIBE TRAFFIC & EQUIPMENT AREA IS EXPOSED TO:
☐ Single-family home — If checked, move to Section F.
☐ Airplanes, de-icing vehicles, pushback tugs, refuelers, other: _____
☐ Cars, buses, box trucks, buses, carrier vans, RVs, other: _____
☐ Forklifts, pallet jacks, cherry pickers, other: _____
☐ Military vehicles, tanks, armored trucks, other: _____
☐ Other, describe: _____
Wheel type: ☐ Plastic ☐ Rubber ☐ Steel ☐ Other, describe: _____

E9. IS THERE WEAR FROM REPEATED TRAFFIC PATTERNS? ☐ No ☐ Yes, describe or include photos: _____

E10. VEHICLE FREQUENCY:
☐ Low, continuous (<500 vehicles daily) ☐ High, continuous (500+ vehicles daily) ☐ Low, stop and start (<500 vehicles daily)
☐ High, stop and start (500+ vehicles daily) ☐ Other, describe: _____

E11. FOOT TRAFFIC FREQUENCY: ☐ Low, <500 people daily ☐ High, 500+ people daily ☐ Other, describe: _____

E12. ANIMALS/LIVESTOCK: ☐ No ☐ Yes, describe: _____

F. HISTORY OF BUILDING & SUBSTRATE

F1. IS BUILDING TILT-UP CONSTRUCTION? ☐ Yes ☐ No ☐ Unknown

F2. GENERAL CONDITION OF FLOOR IS ☐ Good ☐ Poor, describe: _____

F3. FLOOR is (check all that apply): ☐ Above grade ☐ Below grade ☐ On grade ☐ Elevated metal deck ☐ Elevated structural
☐ Precast ☐ Other, describe: _____

F4. FLOOR MATERIAL IS ☐ Concrete ☐ Existing coating ☐ Galvanized steel ☐ Plywood ☐ Tile (ceramic)
☐ Tile (quarry) ☐ Other, describe: _____

F5. AGE OF CONCRETE (if known): _____ CONCRETE THICKNESS: _____ inches

F6. CONCRETE IS ☐ Single pour ☐ Topping If topping, is it loose? ☐ Yes ☐ No
Thickness of topping: _____ inches If brick or tile, thickness of leveling bed: _____ inches
Condition of topping: ☐ Good ☐ Poor, describe: _____
How will topping be removed? _____
If not being removed, why? _____

F7. WAS CONCRETE EVER ☐ Resurfaced ☐ Coated
With which material? ☐ Brick ☐ Epoxy ☐ Tile, ceramic ☐ Tile, vinyl ☐ Urethane
☐ Other, describe: _____

F8. DID PREVIOUS COATING FAIL? ☐ No ☐ Yes, attach report or describe: _____

G. CONCRETE IRREGULARITIES

G1. DESCRIBE & PHOTOGRAPH ANY VISIBLE IRREGULARITIES THAT COULD CONTRIBUTE TO COATING FAILURE:

☐ Cracks ☐ Delamination ☐ Drain/gutter ☐ Efflorescence ☐ Holes
☐ Joints ☐ Standing water ☐ Visible contaminates ☐ Other, describe: _____

G2. IF CRACKS, WHAT TYPE? ☐ Moving ☐ Non-moving ☐ Structural ☐ Surface (shrinkage)
How will cracks be treated? _____

G3. IF AREA CONTAINS DRAINS, HOW MANY? _____
What type? ☐ Round ☐ Square ☐ Trench ☐ Other, describe: _____
If trench drain, does it need to be lined? ☐ No ☐ Yes Is floor properly sloped to drain? ☐ No ☐ Yes
Will surface need to be re-sloped? ☐ No ☐ Yes At what slope? _____ inch/ft

G4. EXPANSION & ISOLATION JOINTS—TOTAL _____ linear ft Average width: _____ inches
Describe how joints will be treated: _____

G5. CONTROL/CONSTRUCTION JOINTS—TOTAL _____ linear ft Average width: _____ inches
Describe how joints will be treated: _____

G6. IS CONCRETE DETERIORATING ANYWHERE? ☐ Yes ☐ No Size of area: _____ sf
What was the cause? (chemical, mechanical) _____
Will it need to be removed/repaired? ☐ No ☐ Yes, describe how:

H. WALL / WALL COVE

H1. WALL IS ☐ Brick ☐ Concrete block ☐ Poured Concrete ☐ Drywall ☐ Wood
☐ Other, describe: _____

H2. ANY CRACKS? ☐ Yes ☐ No

H3. WAS WALL OR COVE EVER COATED? ☐ Yes ☐ No Is coating damaged (crumbling, peeling)? ☐ Yes ☐ No
Describe coating: ☐ Solvent-based ☐ Water-based ☐ Acrylic ☐ Epoxy ☐ Urethane
☐ Other, describe: _____ Thickness of coating: _____

H4. HOW WILL WALL BE PREPARED? _____

H5. HOW WILL COVE BE PREPARED? _____

I. INSTALLATION PREP CHECKLIST

I1. WILL STRUCTURE BE IN USE DURING INSTALLATION? ☐ No ☐ Yes, list business hours: _____

I2. HVAC OR OTHER AREA(S) NEED TO BE COVERED OR PROTECTED DURING INSTALLATION? ☐ None ☐ HVAC, permanent
☐ HVAC, temporary ☐ Other, describe: _____

I3. NEED AIR SCRUBBER? ☐ No ☐ Yes, describe: _____

I4. TIME NEEDED TO COMPLETE JOB _____ OVERNIGHT TRAVEL REQUIRED? ☐ Yes ☐ No

I5. LABOR TYPE/RATE (check all that apply):
☐ Union ☐ Non-union ☐ Prevailing wage ☐ Straight time ☐ Time & half ☐ Double time

I6. CAN WORKERS REACH MACHINERY? ☐ Yes ☐ No

I7. ELECTRICITY AVAILABLE? ☐ 110V ☐ 220V ☐ 440V

I8. NEED GENERATORS? ☐ No ☐ Yes, how many: _____

I9. LIGHTING? ☐ Finished ☐ Temporary

I10. NEED ADDITIONAL LIGHTING? ☐ Yes ☐ No

I11. WILL AREA BE HEATED TO MINIMUM OF 60°F DURING INSTALLATION? ☐ Yes ☐ No
If no, will heaters be needed? ☐ No ☐ Yes, how many: _____

I12. WHERE WILL MATERIAL BE STORED? ☐ Onsite ☐ Other location: _____

I13. HOW WILL MOVING MATERIAL BE HANDLED? _____

I14. HOW WILL TRASH BE HANDLED? _____

J. CONCRETE TESTING

Allow 6-8 weeks for test results. Tests and related costs are the responsibility of the client and should be discussed before installation. Be aware that slabs older than 15 years and slabs with unknown history/contamination may need further investigation and/or testing. Current testing standards should be adhered to at all times. If tests cannot be completed or if proper results are not achieved, contact KRETUS® Technical Department.

DID YOU DISCUSS REQUIRED TESTS WITH CLIENT? ☐ Yes ☐ No, why not: _____

LEVEL 1 CONCRETE TESTING REQUIRED FOR ALL INSTALLATIONS

For each test method, 3 tests are required for the first 1,000 sf and 1 test for each additional 1,000 sf. If desired results are not achieved, Level 2 Testing may be required. See page 5.

T1. Location sketch/site plan showing where tests were conducted. ☐ sketch/site plan attached

T2. Results of Moisture Vapor Emissions Test, aka Calcium Chloride Test (ASTM F1869): _____

T3. Results of pH Test: _____

T4. Results of Relative Humidity (ASTM F2170) Test: _____

T5. Results of Schmidt Hammer Test: _____

TO BE FILLED OUT BY MANUFACTURER:

Any Level 2 tests required? ☐ No ☐ Yes, describe: _____

T6. Location sketch and/or site plan showing where cores have been extracted	☐ Required
T7. Concrete Compressive Strength Test (ASTM C42)	☐ Test required
T8. Infrared Spectroscopy Testing	☐ Test required
T9. Ion Chromatography Testing	☐ Test required
T10. Thin Section Petrographic Analysis (ASTM C856)	☐ Test required

INCLUDE ALL LEVEL 2 TESTING RESULTS REQUIRED BY MANUFACTURER

Estimated lead time for test results is 4-8 weeks. Provide results from at least two core samples at 1-4" long with 1-4" diameter. Cores must be extracted from the slab that will be coated. Number of core samples depends on total area of the slab and is determined by KRETUS® technical representative. If you need to reach out to a third party for core extraction services, contact KRETUS® for a list of providers.

For testing, ship core samples to

Mineralogy, Inc.
3321 East 27th Street, Tulsa, OK 74114
Phone (toll free): 1 (877) 744.8284
Email: info@mineralogy-inc.com

T6. Attach location sketch and/or site plan showing where cores were taken.		☐ Yes, attached
T7. Concrete Compressive Strength Test (ASTM C42)	☐ Not required	☐ Results attached
T8. Infrared Spectroscopy Test	☐ Not required	☐ Results attached
T9. Ion Chromatography Test	☐ Not required	☐ Results attached
T10. Thin Section Petrographic Analysis (ASTM C856)	☐ Not required	☐ Results attached

Agreement: All information provided is accurate and true to the best of the signers' knowledge. Any supplemental information needed to accurately and fully disclose existing conditions must be listed on a separate sheet and accompany this document. If any information is found to be erroneous or incomplete at any time, it will result in the cancellation of any warranty provided or promised by KRETUS® for this project.

_____

Signature of Licensed Contractor Date

_____

Print Name Name of Company/Job Title

Submission of Pre-Job Checklist does not deem the substrate suitable for application.