

# Applying reactive resin coatings

## Checklist

Object description			
Company			
Address			
Postal code		City	
Phone		Person in charge	
Object			
Object			
Usage/type of building			
<input type="checkbox"/> high-rise building <input type="checkbox"/> new building <input type="checkbox"/> residential building <input type="checkbox"/> other: _____	<input type="checkbox"/> old building <input type="checkbox"/> commercial building	<input type="checkbox"/> subsurface construction <input type="checkbox"/> Interior <input type="checkbox"/> factory/industrial building	<input type="checkbox"/> exterior
Year of construction		Last repair and maintenance	
<input type="checkbox"/> floor <input type="checkbox"/> roadway <input type="checkbox"/> other: _____	<input type="checkbox"/> wall <input type="checkbox"/> facade	<input type="checkbox"/> ceiling <input type="checkbox"/> basin	
Substrate			
<input type="checkbox"/> concrete <input type="checkbox"/> steel <input type="checkbox"/> Area size: floor in m <sup>2</sup> _____	<input type="checkbox"/> cement screed <input type="checkbox"/> magnesite screed	<input type="checkbox"/> anhydrite screed <input type="checkbox"/> other <input type="checkbox"/> Area size: Wall in m <sup>2</sup> _____	<input type="checkbox"/> PCC screed/ Rapid cement screed
Waterproofing			
against rear-side moisture	<input type="checkbox"/> yes	<input type="checkbox"/> no	
against non-pressing water	<input type="checkbox"/> yes	<input type="checkbox"/> no	
against pressing water	<input type="checkbox"/> yes	<input type="checkbox"/> no	
vapour diffusion barrier	<input type="checkbox"/> yes	<input type="checkbox"/> no	

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Surface					
<input type="checkbox"/> smooth	<input type="checkbox"/> rough	<input type="checkbox"/> broom-clean	<input type="checkbox"/> uneven		
<input type="checkbox"/> cement slurry	<input type="checkbox"/> sandy	<input type="checkbox"/> solid	<input type="checkbox"/> Incline		
<input type="checkbox"/> non-absorbent	<input type="checkbox"/> low absorbent	<input type="checkbox"/> highly absorbent			
<input type="checkbox"/> prepared	<input type="checkbox"/> unprepared	<input type="checkbox"/> other: _____			

  

Substrate quality					
Substrate evaluation	occasional	numerous	mm	full-surface	Picture
Impurities	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Oiling	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Damaged by traffic	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Unevenness	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Friable	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Sandy	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Cavities	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Cracks	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Residual moisture	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Incline	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Old repairs	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Joint damage	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
other					

  

Condition			
Roughness	<input type="checkbox"/> 0.2 mm	<input type="checkbox"/> 0.5 mm	<input type="checkbox"/> 1.0 mm
Cracks	<input type="checkbox"/> ≤ 0.3 mm	<input type="checkbox"/> ≥ 0.3 mm	<input type="checkbox"/> approx ..... mm

  

Joints			
Room/expansion joint	<input type="checkbox"/> yes	<input type="checkbox"/> no	Width .....
Connection joint	<input type="checkbox"/> yes	<input type="checkbox"/> no	Width .....
Construction joint	<input type="checkbox"/> yes	<input type="checkbox"/> no	Width .....

  

Cracks			
<input type="checkbox"/> Longitudinal	<input type="checkbox"/> Transverse cracks	<input type="checkbox"/> Breakouts	<input type="checkbox"/> Brittle
other			

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Surface load					
Mechanical exposure	high	low	Total weight/kg	Tyres	
Public traffic	<input type="checkbox"/>	<input type="checkbox"/>			
Truck traffic	<input type="checkbox"/>	<input type="checkbox"/>			
Car traffic	<input type="checkbox"/>	<input type="checkbox"/>			
Forklift traffic	<input type="checkbox"/>	<input type="checkbox"/>			
Hand pallet truck	<input type="checkbox"/>	<input type="checkbox"/>			
Rolling load	<input type="checkbox"/>	<input type="checkbox"/>			
Impact load	<input type="checkbox"/>	<input type="checkbox"/>			
Chemical exposure	high	low	Concentration in %	Temperature in °C / °F	Exposure time in hrs
Water	<input type="checkbox"/>	<input type="checkbox"/>			
Solvents	<input type="checkbox"/>	<input type="checkbox"/>			
Cleaning agents	<input type="checkbox"/>	<input type="checkbox"/>			
other	<input type="checkbox"/>	<input type="checkbox"/>			
Designation: _____					
<input type="checkbox"/> UV radiation	<input type="checkbox"/> Bacterial load from _____				
<input type="checkbox"/> freeze-thaw cycle	<input type="checkbox"/> Radiation exposure from _____				
	<input type="checkbox"/> other: _____				
Appearance					
<input type="checkbox"/> colour scheme	<input type="checkbox"/> multicoloured	<input type="checkbox"/> colour tone _____			
<input type="checkbox"/> glossy	<input type="checkbox"/> silky gloss	<input type="checkbox"/> matt	<input type="checkbox"/> UV-stable		
<input type="checkbox"/> smooth	<input type="checkbox"/> structured	<input type="checkbox"/> scattering with _____			
<input type="checkbox"/> quartz sand _____	<input type="checkbox"/> hard filling material _____				
<input type="checkbox"/> coloured sand _____	<input type="checkbox"/> pigmented flakes _____				
<input type="checkbox"/> other: _____					
Occupational safety					
<input type="checkbox"/> slip-resistant „wet surface“	Evaluation group R _____		Displacement space V _____		
<input type="checkbox"/> slip-resistant „dry surface“	Evaluation group R _____		Displacement space V _____		
<input type="checkbox"/> electrically conductive	<input type="checkbox"/> AS	<input type="checkbox"/> ESD	Ω _____		
<input type="checkbox"/> Fire category	<input type="checkbox"/> other: _____				

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Cleaning				
Maintenance properties	<input type="checkbox"/> increased requirements for cleanliness		<input type="checkbox"/> normal requirements	
Cleaning method / cycle	daily	weekly	Temperature in °C	Pressure in bar
Wet cleaning				
Dry cleaning				
Steam blasting				
High-pressure water jetting				
<input type="checkbox"/> manually	<input type="checkbox"/> by machine with _____			
<input type="checkbox"/> further requirements:	_____			
Collected data:				
Created by			Date of creation	
Consulting person / company				
<input type="checkbox"/> sample collection			Date of sample collection	
Signature of originator				
Choice of system				
System layer	Product description		approx. consumption kg/m <sup>2</sup>	
<input type="checkbox"/> Primer				
<input type="checkbox"/> Concave coving				
<input type="checkbox"/> Sanding				
<input type="checkbox"/> Scratch coat				
<input type="checkbox"/> Adhesion primer				
<input type="checkbox"/> Adhesion promoter				
<input type="checkbox"/> Floating layer				
<input type="checkbox"/> Conductive layer				
<input type="checkbox"/> Scattering layer				
<input type="checkbox"/> Sanding				
<input type="checkbox"/> Top layer				
<input type="checkbox"/> Waterproofing layer				
<input type="checkbox"/> Top sealer				
<input type="checkbox"/> Connecting layer				