



Requirements for the KLB-SYSTEM PU-BETON

Checklist

Object			
Facilities			
Object description			
Building owner		Planner/site manager	
Address		Address	
Postal code, city		Postal code, city	
Phone		Phone	
<input type="checkbox"/> horizontal, area size _____ m ² <input type="checkbox"/> Concave coverings _____ mm <input type="checkbox"/> interior <input type="checkbox"/> exterior			
Substrate			
<input type="checkbox"/> concrete <input type="checkbox"/> screed <input type="checkbox"/> other <input type="checkbox"/> grade _____			
Substrate condition			
<input type="checkbox"/> old, date of installation: _____		<input type="checkbox"/> new, date of installation: _____	
<input type="checkbox"/> with basement		<input type="checkbox"/> roughness: _____	
<input type="checkbox"/> bending tensile strength (N/mm ²): _____		<input type="checkbox"/> cement slurry: _____	
<input type="checkbox"/> soiled: _____		<input type="checkbox"/> moisture (weight %): _____	
<input type="checkbox"/> cavities		<input type="checkbox"/> cracks/width	
<input type="checkbox"/> coated: _____		<input type="checkbox"/> isolated against rising damp	
<input type="checkbox"/> building expansion joints		<input type="checkbox"/> incline in %: _____	
Area of application			
<input type="checkbox"/> foodstuffs		<input type="checkbox"/> bakery	
<input type="checkbox"/> sales rooms		<input type="checkbox"/> meat processing	
<input type="checkbox"/> chemical industry		<input type="checkbox"/> storage halls	
<input type="checkbox"/> deep-freeze zone/hall		<input type="checkbox"/> delicacies	
<input type="checkbox"/> kitchen		<input type="checkbox"/> loading zones	
<input type="checkbox"/> pharma industry		<input type="checkbox"/> other	
Thermal exposure			
<input type="checkbox"/> heat _____ °C / °F		<input type="checkbox"/> cold _____ °C / °F	
<input type="checkbox"/> permanently		<input type="checkbox"/> wet	
<input type="checkbox"/> short-term		<input type="checkbox"/> wet	
<input type="checkbox"/> other _____		<input type="checkbox"/> temperature change	
<input type="checkbox"/> dry		<input type="checkbox"/> dry	
<input type="checkbox"/> up to _____ °C / °F		<input type="checkbox"/> up to _____ °C / °F	
Chemical exposure			
<input type="checkbox"/> oil/grease: _____		<input type="checkbox"/> acids (type, conc.): _____	
<input type="checkbox"/> cleaning agents: _____		<input type="checkbox"/> bases (type, conc.): _____	
<input type="checkbox"/> water: _____		<input type="checkbox"/> solvents (type): _____	
<input type="checkbox"/> particularities: _____			

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Mechanical load (following DIN 18 560 part 7*)			
<input type="checkbox"/> heavy*	<input type="checkbox"/> medium*	<input type="checkbox"/> light*	<input type="checkbox"/> types of tyres/roll width Ø _____ <input type="checkbox"/> metal <input type="checkbox"/> rubber <input type="checkbox"/> plastic
<input type="checkbox"/> transport equipment _____	<input type="checkbox"/> impacts/grinding _____	<input type="checkbox"/> heavy equipment _____	<input type="checkbox"/> point load _____
<input type="checkbox"/> other types of loads _____	<input type="checkbox"/> loads of the units/axes _____	<input type="checkbox"/> particularities _____	
Slip-resistance as specified by the building owner			
<input type="checkbox"/> smooth	<input type="checkbox"/> anti-slip	<input type="checkbox"/> R class _____	<input type="checkbox"/> V class _____
<input type="checkbox"/> based on samples/trial areas by definition of the building owner			
Cleaning			
<input type="checkbox"/> manually	<input type="checkbox"/> by machine	<input type="checkbox"/> equipment _____	
<input type="checkbox"/> cleaning cycles of large-scale cleaners _____		<input type="checkbox"/> particularities _____	
Further constraints			
<input type="checkbox"/> no obstruction due to ongoing operation	<input type="checkbox"/> with obstruction	<input type="checkbox"/> installation in phases	
<input type="checkbox"/> closing times _____	<input type="checkbox"/> special regulations _____	<input type="checkbox"/> particularities _____	
Recommended PU-BETON system			
<input type="checkbox"/> PU-BETON 4006	<input type="checkbox"/> PU-BETON 4009	<input type="checkbox"/> PU-BETON 4011 Grip	<input type="checkbox"/> PU-BETON 4012 Standfest
<input type="checkbox"/> PU-BETON 4050 Grundierung	<input type="checkbox"/> PU-BETON 4080 Kopfsiegel	<input type="checkbox"/> PU-BETON 4080 Clean Kopfsiegel	
Recommended joint sealing compound			
<input type="checkbox"/> PU 465	<input type="checkbox"/> PU 465 LQ	<input type="checkbox"/> other	
Recommended PU-BETON colour tone			
<input type="checkbox"/> beige	<input type="checkbox"/> red	<input type="checkbox"/> grey	<input type="checkbox"/> green
<input type="checkbox"/> other _____			
Further remarks _____			
Issued by _____		location, date _____	