



CONDITIONS AND EXPOSURE DETAIL FORM

A. GENERAL INFORMATION

Date: _____
Company Name: _____ Type of Business: _____
Address: _____ Phone: _____
Information Provided By: _____ Title: _____
Description of Area: _____
Approximate Sq. Footage: _____ Type of Substrate: _____

B. ENVIRONMENTAL CONDITIONS

☐ Interior, Air Temperature Range: _____
☐ Exterior
Surface Subjected To: ☐ ambient water wash down ☐ hot water wash down
☐ detergent and hot water cleaning ☐ steam cleaning
☐ solvent cleaning- type of solvent _____
☐ other _____
Surface Temperature Range (Regular Operation): _____
Extreme Surface Temperature Range (Intermittent): _____

C. DEGREE OF CHEMICAL EXPOSURE: (Mark one or more)

- | | |
|--|--|
| <input type="checkbox"/> Humidity and condensation | <input type="checkbox"/> Occasional spillage |
| <input type="checkbox"/> Frequent spillage | <input type="checkbox"/> Continuous spillage |
| <input type="checkbox"/> Immersion | |

Temperature of Chemical(s): ☐ Ambient
☐ Heated, temp. range _____
☐ Description of heating method _____

Tanks/vessels (only): ☐ Atmospheric pressure
☐ Pressurized: Operating pressure _____ lbs.
Maximum pressure _____ lbs.

D. CHEMICALS AND CONCENTRATIONS (Express concentrations as the maximum possible percentage of the total solution- below items may total over 100%):

| | | | |
|--------------------------|---------|----------------|---------|
| Water..... | _____ % | Chemicals..... | _____ % |
| Demineralized water..... | _____ % | Chemicals..... | _____ % |

Deionized water.....% Chemicals _____ %
Chemicals _____ %
(Indicate chemical name rather than brand name)

Describe method for adding chemicals (tanks- vessels): _____

Solids and Particulate (Description): _____

Maximum p.p.m. _____ Other solids: _____

Abrasion Resistance Required (Describe): _____

Special Conditions or Requirements: _____

This information is accurate to the best of my knowledge:

Company Name: _____ Date: _____

Authorized Signature: _____ Title: _____

RECOMMENDATION:

Based on information supplied herein, the following materials are recommended:

| | <u>Product Name</u> | <u>(Formula) Code No.</u> | <u>Suggested Thickness Range (dft)</u> |
|--------------|---------------------|---------------------------|--|
| Primer | _____ | _____ | _____ |
| Intermediate | _____ | _____ | _____ |
| Intermediate | _____ | _____ | _____ |
| Topcoat | _____ | _____ | _____ |
| Topcoat | _____ | _____ | _____ |

Notes: _____

Limitations and Special Conditions:

- 1.) _____
- 2.) _____
- 3.) _____

Comments: _____

By: Signature: _____

Title: _____ Date: _____

FAX FORM TO 405-755-8450