



YOUR COMPLETE INDUSTRIAL SOURCE

Floor Coating System Evaluation Form

Return completed form to your local Columbia Paint & Coatings store or fax to 509-535-3421, attention: Industrial Products Department.

Date: _____ Company: _____

Project Name: _____

Your Name: _____ email: _____

Daytime Telephone Number (incl. area code): _____

Mailing Address: _____

Please complete this form with as much information as possible -

1. Primary reason for painting the floor: _____

2. Describe area to be coated: _____

3. Size of floor area to be coated: (total square feet) _____

Please circle all that is applicable -

4. Type of floor: Concrete Wood Other _____
If concrete: New Old Worn Spalled Pitted Cracked

Cracks: Large Small Hairline

On Grade: Yes No

Vapor Barrier: Yes No Unknown

Contamination: (describe) _____

5. Existing coating: (describe type and condition) _____

6. Traffic conditions: Foot Light Wheeled Heavy Wheeled Other

7. Extreme Abrasion: Yes No

8. High Impact or Dropping: Yes No

9. Will the floor have any regular exposure to chemicals? Yes No

If Yes, please name chemical types and % of strength: _____

10. Who will apply the coating? Prof. Painter Flooring Contractor Maint. Staff Homeowner Other

Desired Color: _____ Gloss Semi Gloss

What are your expectations of the coating system? _____

RETURN COMPLETED FORM TO YOUR LOCAL COLUMBIA PAINT & COATINGS STORE OR FAX TO 509-535-3421, ATTENTION: INDUSTRIAL PRODUCTS DEPARTMENT.

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