



PROJECT

CHECKLIST

CONTACT DETAILS							
Prenome	E-Mail						
Surname	Phone						
Company	Fax						
Coating inquiry for	<input type="checkbox"/> Supply & Apply <input type="checkbox"/> Supply <input type="checkbox"/> Apply						
Application	<input type="checkbox"/> Primary Containment <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Corrosion <input type="checkbox"/> Abrasion <input type="checkbox"/> Waterproofing <input type="checkbox"/> Flooring <input type="checkbox"/> Blast Mitigation						
What kind of substrate (material) has to be coated?	<input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Foam <input type="checkbox"/> Wood <input type="checkbox"/> GRP <input type="checkbox"/> Others						
Dimension in m ²							
Internal / external Application	<input type="checkbox"/> internal <input type="checkbox"/> external						
Color requested							
Color-stability required	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partially						
UV-stability required	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partially						
Is there a drawing of the object which shall be coated?	<input type="checkbox"/> No <input type="checkbox"/> Enclosed						
What temperature in °C will the coating be exposed?	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"></td> <td style="text-align: center;">Normal operation</td> <td style="text-align: center;">Maximum</td> </tr> <tr> <td></td> <td style="text-align: center;">°C</td> <td style="text-align: center;">°C</td> </tr> </table>		Normal operation	Maximum		°C	°C
	Normal operation	Maximum					
	°C	°C					
How long?	minutes / hours						
What is the temperature gradient / Delta t (for nonisolated tanks)?							
Purpose of coating	<input type="checkbox"/> Corrosion <input type="checkbox"/> Abrasion <input type="checkbox"/> Impact <input type="checkbox"/> Waterproofing						
To what kind of mechanical stress will the coating be exposed?	<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high						
Will there be any contact with chemicals or compounds?	<input type="checkbox"/> yes <input type="checkbox"/> no						
If yes: Which chemicals?							
In which concentration?	%						
pH-value range	pH						
What temperature?	°C						
What is the current coating?							
Where shall the application take place?	<input type="checkbox"/> OEM <input type="checkbox"/> onsite						
Location							
Expected date of application							
Other relevant information							