



**Include pictures/drawings/SDS when available*

Priority Status:
Date needed:
Outdoor <input type="checkbox"/> Indoor <input type="checkbox"/>
Is a non skid needed <input type="checkbox"/> Y <input type="checkbox"/> N
Blasting or no blasting ?

ENGINEERING ASSESSMENT FORM

Worst case will be assumed for any field to ensure adequate engineering and safety

Asset Owner:	Contractor:	Names of Asset Area
		:
City: State:	City: State:	<input type="checkbox"/> Containment Dimensions ___ X ___
Contact:	Contact:	<input type="checkbox"/> Age of Containment ?
Phone#	Phone#	<input type="checkbox"/> Past coating system ?
Email :	Email:	<input type="checkbox"/> Is current system reinforced ?

Repair Specifics

Sketch

House Keeping <input type="checkbox"/>	No House Keeping <input type="checkbox"/>
At time of spill ?	
Daily <input type="checkbox"/> Weekly <input type="checkbox"/> washdown ?	
Severe surface rebuild ?	<input type="checkbox"/>
Moderate Rebuild ?	<input type="checkbox"/>
Light Rebuild ?	<input type="checkbox"/>

Process Area Details

Truck Loading <input type="checkbox"/>	Wall Penetrations <input type="checkbox"/> # ___
Process <input type="checkbox"/>	Storage area <input type="checkbox"/>
Foot Traffic <input type="checkbox"/>	Original Floor Thickness :
Fork Lift Traffic <input type="checkbox"/>	Remaining Floor Thickness:
Sump <input type="checkbox"/>	
Trench <input type="checkbox"/>	Pipe Supports ?
Original Wall thickness:	Pillars ?
Remaining Wall Thickness:	Pedestals ?
	Dimensions ___ x ___
Design Life:	Quantities # ___ # ___

Desired colors ?
Cracks and Joints ?
Time allowed to perform Work ?
Estimated Budget ?
Is there a moisture barrier ?

Chemical Specifics

Operating Temp: C or F :	Name of Chemical/process fluid ?
SDS Available ?	Chemical %
PH of process ?	Any swings in temp ?

NOTES:

(confined space, height off ground, pipe clearance, drift zone, distance from road, extreme temperatures in close proximity)

Signature: _____	Date: _____
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