

TECHNICAL SERVICE CALL REPORT

Date: _____

Customer _____
Address: _____

JobSite _____
Address: _____

Territory: _____ Date of Pour: _____ Time Placed: _____

Type of Pour: _____

Nature of Compliant / Request

Surface Defects: *Cracks _____ Crazeing _____ Delamination _____ Blisters _____
Discolored _____ Popouts _____ Scaling _____ **Low Strength _____

*If cracks – Vapor barrier under slab? Yes _____ No _____

Distress Severity: Minor ___ 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 Severe

Percent of Area Affected by Distress: _____ Pictures Taken: _____

** If Low Strengths: Swiss Hammer Run? _____ Windsor Probe Run? _____ Cores Taken? _____

Joint Spacing: Parallel _____ Perpendicular _____

<u>Weather Data:</u>		<u>Curing & Finishing:</u>		<u>Total Water:</u>	
Amb. Temp.	H _____ Time _____ L _____ Time _____	Cured?	Yes ___ No ___	No. of Cu Yd	_____
Rel. Humidity	H _____ Time _____ L _____ Time _____	Type of Curing	_____	Cement (lbs)	_____
Wind	Avg _____ Gust _____	Type of Finish	_____	Total H ₂ O gal.	_____
		Deicer	Yes ___ No ___	Total W/C Ratio	_____
		Rain on surface?	_____	Snow on surface?	_____

Notes / Customer Comments: _____

Letter Required: Yes _____ No _____ Technical Info _____

Completed By: _____

