

COATING ASSESSMENT

Evaluation Purpose: Quotation New Project R&D Engineering Feasibility Sample/Test

Project Name: _____ Request Date: _____ Date Reply Needed: _____

1. COMPANY/CONTACT INFORMATION *(Please Print)*

Company _____ Web URL _____

Address _____ City _____ State _____ Zip _____

Contact Name _____ Title _____ Email _____

Phone _____ Ext. _____ Fax _____

2. OPERATING ENVIRONMENT DATA

Job Description: _____ Substrate Material _____

Brief Detail of End Use: _____

Current Coating or Plating: _____

What needs to be improved with current coating or service? _____

Describe operating conditions and environment: _____

Surface _____ Temperature _____ Pressure _____ Abrasives _____ Chemicals _____

3. DESCRIBE THE COATING PURPOSE

Purpose of Coating: _____

4. RATE IMPORTANCE OF THE FOLLOWING CHARACTERISTICS AND PROVIDE SPECIFICATIONS OF THE APPLIED

5: Most Need 1: Least Need 0: No Need	Clean ____ Release ____ Non-stick	Friction ____ Low ____ High	Resistance ____ Erosion ____ Abrasion	Resistance ____ Chemical ____ Corrosion	Electrical ____ Insulation ____ Conductivity	Noise Reduction	°F Operating Temp ____ to ____ Max Temp	____ FDA ____ Medical Other _____
Rating	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		

Describe Coating Evaluation Test Method: _____

Describe Quality Control Procedure(s): _____

5. PRODUCTION DATA/TIMELINE

Yearly Production: _____

Turnaround Time Required: _____

Timeline: Now 0-30 31-90 90-120 + days _____

6. DIMENSIONS & MASKING SKETCH/PHOTO INCLUDED

7. SPECIAL ASSEMBLY, TESTING, PACKAGING, SHIPPING REQUIREMENTS OR COMMENTS

Assessment By: _____ Phone: _____ Date: _____

The purpose of the coating assessment is to identify, compare, select, the most cost-effective CerarMix coating formula for the application's specific environments.

8. SURFACE EXAMINATION - COATINGS

Surface Description: Elevated Ground Size in Sq. Ft. _____

Simple Structure <input type="checkbox"/> < 50' High <input type="checkbox"/> 50' - 100" High <input type="checkbox"/> >100" High	Complicated Structure <input type="checkbox"/> < 50' High <input type="checkbox"/> 50' - 100" High <input type="checkbox"/> >100" High	Tanks Use: _____ Construction _____ Capacity _____	Pipe Diameter <input type="checkbox"/> 1" - 2" <input type="checkbox"/> < 48" <input type="checkbox"/> 4" - 6" <input type="checkbox"/> >48" <input type="checkbox"/> 12" - 24" _____ Size
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Is the current substrate coated? Yes No Type: _____ Film Thickness _____

Are there any defects in the existing coating? Pinholes Runs Sags Cracks Color Variation
 Holidays Embedded Dirt/Debris Other: _____

Is the substrate contaminated? Oil Grease Soluble Salts Other: _____

Describe the substrate profile: Linear Sharp Corners Edges Projections Cavities Tubular

Are there apparent areas of coating inconsistency? Location: _____
 Excessive Thickness Inadequate Thickness Specifics: _____

Existing Coating Conditions: Light Rusting, Pitting, Paint Breakdown Heavy Paint Breakdown, Severe Rusting
 Extremely Heavy Paint Films >20 ml with Major Paint Breakdown and Substantial Pitting, Rusting

9. SERVICE LIFE and ENVIRONMENT

Describe the "service environment" or anticipated environmental exposure conditions:

- Low Atmosphere - Rural Medium Atmosphere - Urban & Industrial Very High Atmosphere - Industry
 Very High Atmosphere - Marine Specifics: _____

How long does current coating last? _____ Months Years _____

Is protection alone important? Yes No

Type of protection desired: Corrosion Erosion Abrasion Heat Chemical

Is appearance a consideration? Yes No

Is painting an unfortunate necessity? Yes No

10. MAINTENANCE REQUIREMENTS

Describe current maintenance sequence: _____

Spot/Touch up & Repair _____ Mos./Yrs. _____ Maintenance Repaint Prime & Full Coat _____ Mos./Yrs. _____

What are the current typical substrate repairs? Patching Reinforcement Metalizing Welding Sealants

What are the current typical coating repairs? Patching Reinforcement Metalizing Welding Sealants

11. COMPANY PURCHASE PROCEDURES

Does this purchase require budget approval? Yes No
Is this purchase for budgeted maintenance? Yes No
Will this be an expedited purchase? Yes No
What is the reason for the purchase? New Product Replacement Repetitive Non-repetitive
What individual(s) or departments have purchasing authority?
Name/Title/Department: _____

Name/Title/Department: _____

Name/Title/Department: _____

Name/Title/Department: _____

What are the evaluation steps to obtain a purchase commitment: _____

What is the estimate of time from first meeting to close and completion of project? _____

Does the project require 3rd Party Inspection Services? Yes No

If Yes, please provide company name: _____

Contact Name: _____ Title: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

What are the payment terms desired? 30 days 60 days 90 days
 Down Payment No Down Payment Draws against work performed

What other suppliers, if any have been solicited for evaluation? _____

ACTS CSI Representative Comments: _____

