



1. What is the purpose of Concrete Technology Association GPR services at this location?
What are we looking for exactly?

2. Are there any transformers or a high concentration of electrical boxes in the vicinity near the area where the GPR scanning is to occur? Yes No
If "Yes", please describe as best as possible.

3. Are any areas Exposed?

4. Are you going to saw-cut or core drill the concrete? _____

5. What type of slab is going to be scanned? I.E. Corrugated Deck Terrazzo
Slab-on-grade Other
If "Other", Please explain.

6. How many scan locations are there? _____

- a. Please describe the scan location. I.E. Floors, Walls, Ceilings, Closets.

- b. Where are they located relative to each other, are they in close proximity distance wise?

- c. What is the approximate total combined size of the areas to be scanned?



d. Are scan locations all marked off and clearly identifiable? Yes No

e. Are scan locations dry, clean and clear of debris? Yes No

f. Is there available AC power at the requested scan locations if needed? Yes No

7. Describe any and all work conditions including obstacles, obstructions, restrictions involved in accessing the scan locations; I.E. Scaffolding, Pits, Restricted Access, Restrictions against use of spray paints etc.

8. Are there any as-builts drawings available for this site location? Yes No

9. Do you need a report? Yes No

If "Yes", reports are issued after completion of GPR scanning.

a. To whom is the report addressed: _____

b. Email address for GPR report delivery: _____

c. Full project name: _____

1. Will this scope of work be performed off hours or regular hours?

Regular hours is from 5am - 5pm

Off hours & Weekends is from 5pm - 4am

2. Does this project pertain to special requirements? I.E. Davis bacon act or Scale wage?

3. Is this a certified payroll job? Yes No



4. If "Yes", please provide certified payroll Contact person:

Name: _____

Email: _____

Phone #: _____

5. Is this job tax exempt?

6. Customer Accounts Payable or accounting contact:

Name: _____

Phone #: _____

Payment terms: _____

Method of payment: _____

7. Please send us a sample of insurance requirements.

Please include

Company Name: _____

Company Address: _____