Form #1405 (02/07)

ADSIL COMPLAINT REPORT

REPORT SUBMITTED BY	LAB DATE	LAB #
DISTRIBUTOR	CITY/STATE/ZIP	
INSTALLER NAME	PHONE #: EMAIL:	
JOB REFERENCE	BATCH NUMBERS COMPONENT – A COMPONENT – B COMPONENT – C	KIT SIZE
PRODUCT NUMBER		

SURFACE COATED

CHECK ALL APPLICABLE

ALUMINUM_____ GELCOAT_____
STAINLESS_____ FIBERGLASS_____
COPPER_____ HARD TILE_____
GALVANIZED_____ TERRAZZO_____
BRASS_____ CONCRETE_____
CHROME_____ PAINTED SURFACE_____
BRONZE_____ WOOD_____

SPECIFY_____

APPLICATION METHOD

CHECK ALL APPLICABLE

CONVENTIONAL SPRAY_____ BRUSH_____
AIRLESS SPRAY_____ FOAM ROLLER_____
LVLP SPRAY_____ ADHESIVE ROLLER_____
HVLP SPRAY_____ WIPING CLOTH_____
SPRAY/BACKROLL_____ PAD APPLICATOR_____
PUMP SPRAY_____ OTHER_____

SPECIFY_____

SQUARE FEETCOATED_____

PRODUCT QUANTITY APPLIED_____

CALCULATED SQUARE FEET PER GALLON_____

SURFACE PREPARATION METHODS

CHECK ALL APPLICABLE

WASHED_____ SANDED_____
PRE-TREATMENT_____ ABRASIVE BLAST_____
ACID ETCHED_____ POWER WASH_____
SWING MACHINE_____ OTHER_____
RINSE & RECLAIM_____ _____

CLEANERS USED_____

_____

STARTING SURFACE CONDITION

CHECK ALL APPLICABLE

OXIDIZED_____ LAITANCE_____
CORROSION_____ EFFLORESCENCE_____
TARNISHED_____ FADED_____
WAX/POLISH_____ PEELING PAINT_____
MILDEWED_____ GLOSSY SURFACE_____
OILY RESIDUE_____ OTHER_____

SPECIFY_____

AMBIENT CONDITIONS

TEMPERATURE_____F. HUMIDITY_____%

INTERIOR_____ EXTERIOR_____ (Check One)

OTHER_____

DESCRIBE PROBLEM ENCOUNTERED:

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LABORATORY REPORT:

SUGGESTED REMEDIAL OR DISPOSITION: