MOTOFLOAT®

VIBRATORY BULL FLOAT
Application Data Sheet

WORKMASTER®
WE FIND A WAY — OR MAKE ONE!

PRINT SUBMIT

I. CUSTOMER INFORMATION

Company: _____ Date: _____

Contact: _____ Ph: _____

Title: _____ Ext: _____

Address: _____ Em: _____

City, St, Zip: _____

II. GENERAL INFORMATION

1. What does the MOTOFLOAT need to accomplish? (Check all that apply):

☐ Embed-aggregate ☐ Provide Final Finish on Surface ☐ Prepare surface to receive insulation

☐ Prepare surface for Final Finish ☐ Smooth / Level Surface ☐ Remove "Bug Holes" / Voids

2. Will Screed be used before Floating? ☐ Yes ☐ No

3. Replacing a Bullfloat: ☐ YES ☐ NO

a. If **YES,** what type: ☐ Manual Type ☐ Vibration Type Using ☐ Air Vibrators ☐ Electric Vibrators

b. If **YES,** what production problems occur with your current Float? _____

III. FORM INFORMATION

1. Type of Work: (Check all that apply):

☐ Flat Slabs ☐ Wall Panels ☐ Architectural Panels ☐ Insulated Panels

☐ SUPERIOR WALL® Panels ☐ Double "T"s ☐ Bridge Decks ☐ Spandrel Beams

☐ Nextbeams ☐ Prep Stamped Panels ☐ Singular Products ☐ Sound Barriers

☐ Other: _____

2. Will Product be insulated? ☐ YES ☐ NO

3. Avg. Form Size: Length _____' _____" X Width _____' _____" X Depth _____' _____"

4. Type of Form: ☐ Steel ☐ Wood ☐ Rubber ☐ Other: _____

5. Location of Use: ☐ Indoor ☐ Outdoor

6. Typical Temperature when in Use: Summer _____°F Winter_____°F

7. Are Forms raised off the Ground/Floor? ☐ YES ☐ NO a. If **YES,** how high: _____ ☐ Inches ☐ Feet

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IV. CONCRETE INFORMATION:

1. Concrete Type:

☐ **Conventional** Slump Test: _____ Slump Range: _____ Slump/Flow Range: _____

☐ **Self-Compacting** Flow Test: _____ Flow Range: _____

☐ **High-Flow** Slump Test : _____ Flow Test: _____

2. Additives

☐ **Micro-Fibers** Type: _____ % of Mix: _____%

☐ **Chemical Additives** Type: _____ % of Mix: _____%

☐ **Light Weight Aggregate** Type: _____ % of Mix: _____%

V. ELECTRICAL INFORMATION:

1. Electrical Power Available:

☐ 120V/60Hz/1P ☐ 220V/50Hz/1P ☐ Other: _____

2. Cord Length needed from MOTOFLOAT to power source: _____ ☐ **Ft.** ☐ **Yd.**

3. Typical Cycle Time: _____ Operating Minutes **"ON"** _____ Downtime Minutes **"OFF"**

VI. FLOAT TYPE INFORMATION:

1. Float Head material: ☐ **Aluminum** ☐ **Magnesium** **2. Shape of Float Head required:** ☐ **Rectangle** ☐ **Oval**

3. Surface dimensions of Float Head: _____" W X _____" L **4. Typical Length of Handle Extension requried:** _____" L

VII. FINAL CONSIDERATION:

1. When deciding which Float to purchase, rank on an importance scale of 5 (most) to 1 (least) the importance of:

- Final Surface Finish: ☐5 ☐4 ☐3 ☐2 ☐1
- Embedding Aggregate into Surface: ☐5 ☐4 ☐3 ☐2 ☐1
- Bringing Additional "Cream" to Surface: ☐5 ☐4 ☐3 ☐2 ☐1
- Releasing rising bleed water & trapped air: ☐5 ☐4 ☐3 ☐2 ☐1
- Reducing high and low spots after "Strike Off": ☐5 ☐4 ☐3 ☐2 ☐1