



IST WORK ORDER

CREW: _____

START DAY: _____ END DAY: _____

HELPER: _____ TOUCH UP JAR: _____

NAME: _____ DATE: _____ PO#: _____

ADDRESS: _____ Co. Name: _____ Amt. : _____

CITY: _____ ZIP: _____ Resp. : _____ Gate Code: _____

WORK AREAS	PREP	ITEMS
Pool deck: _____ Patio: _____ Driveway: _____ Garage: _____ Walkway: _____ Wall: _____ Other: _____	D.O.S. _____ Expansion Joints _____ Topping Removal _____ Level / Float (Bags) _____ Crack Repair _____ Pegas _____ Other: _____	<input type="checkbox"/> DBL. TEXTURE <input type="checkbox"/> SQ. TEXTURE <input type="checkbox"/> STAMP SLATE <input type="checkbox"/> STAMP STONE <input type="checkbox"/> BROOM FINISH <input type="checkbox"/> EPOXY <input type="checkbox"/> EXTRA SQUEEY <input type="checkbox"/> REPAIR RESEAL <input type="checkbox"/> Paint <input type="checkbox"/> Stain

TEXTURE COLOR	MULTI-SPEC				GROUT COLOR
	Base	Spec 1	Spec 2	Spec 3	

PATTERN		BASE COLOR		STAIN

MULTICOLOR		COLOR MIX	
1	2	1	2

EPOXY FLEX	EPOXY SPECS	SINGLE COLOR

Comments:

MATERIALS							
<input type="checkbox"/> Aditive	<input type="checkbox"/> Sand	<input type="checkbox"/> Overlay	<input type="checkbox"/> Pintura	<input type="checkbox"/> Clear	<input type="checkbox"/> Sikaflex	<input type="checkbox"/> Temples	<input type="checkbox"/> Stain