



Light Density Daily Work Record

Daily Work Record #: _____

General Information

Contractor: _____

Installer: _____ ID #: _____ Apprentice: _____ Reg #: _____

Project Information

Project Name: _____ Project Address: _____

Customer Name: _____ Construction: Occupied Unoccupied

Ventilated 0.3 ACH: Yes No Spray Area Isolated: Yes No

Building Permit Posted: Yes No Building Permit #: _____

Warning Signs Posted: Yes No Company responsible for thermal barrier: _____

Material Information

Manufacturer: _____ Product Type: _____

Product Trade Name/Number: _____ Product CCMC #: _____

Iso (A-Side) Lot #: _____ Resin (B-Side) Lot #: _____

Expiry Date: _____ Expiry Date: _____

Quantity of Foam Used: _____ LBS _____ KGS _____ Cycles

Equipment Information

Proportioner Model: _____ Hose Length: _____ m / ft

Pressure (A-Side): _____ psi / bar Pressure (B-Side): _____ psi / bar

Primary Heater Temperature: _____ °C / °F Hose Heater Temperature: _____ °C / °F

Environmental Conditions

Ambient Temperature: _____ °C / °F Substrate Temperature: _____ °C / °F

Relative Humidity: _____ % Wind Velocity: _____ kph / mph

Substrate Conditions

Type: _____ Clean: Yes No

Dry: Yes No Properly Fastened: Yes No

Special Conditions

Preparation Required: _____ Vapour Barrier Installed: Yes No By Others

Air Barrier Installed: Yes No By Others Thermal Barrier Installed: Yes No By Others

Site Testing

Density Test: mass: _____ g volume: _____ cm³ Density (g ÷ cm³ × 1000) = _____ kg/m³

Manufacturers Density: _____ kg/m³ Site Density within ± 0.8 kg/m³: Yes No

Adhesion Test: Pass Fail Cohesion Test: Pass Fail

Number of Passes: _____ Thickness Per Pass: _____ Total Foam Thickness: _____

Job Site Label Installed? Yes No

Date: _____ Signature: _____