



Medium 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

Primer Required: Yes No Exterior Coating Required: Yes No
 Details: _____ Interior Thermal Barrier: Yes No

Site Testing

Density Test: mass: _____ g volume: _____ ml Density (g ÷ ml × 1000) = _____ kg/m³
 Minimum Required Density: _____ kg/m³ Site Density equal or greater: 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: _____