



Daily Work Record

General Information

Installer: _____ Installer Certification #: _____
Apprentice: _____ Apprentice Registration #: _____

Project Information

Project Name: _____ Project Address: _____
Customer Name: _____ Construction: Occupied Unoccupied
Ventilated 0.3 ACH: Yes No Spray Area Isolated: Yes No

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 _____ Strokes

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: _____

Date: _____ Signature: _____ Daily Work Record #: _____