



# Daily Work Record

Contractor:		Date: (M/D/Y)			
Installer:		Installer Certification No:			
Assistant:		Assistant Registration No:			
<b>PROJECT INFORMATION</b>					
Customer Name:		Occupied:		Unoccupied:	
Job Site Address:		Warning Signs Posted:		Yes	No (Circle One)
		Building Permit #:			
		Spray Area Isolated:		Yes	No (Circle One)
Scope of Job:		Ventilated at 0.3 ACH (Retrofit)		N/A	Yes (Circle One)
		Thermal Barrier Contractor:			
		Type of Thermal Barrier:			
<b>SPRAY FOAM MATERIAL INFORMATION</b>					
Product: (circle one) QS112 QS112LE		CCMC#: #13555-L		Other:	
ISO (A Side):		RESIN (B Side):			
Expiry Date:		Expiry Date:			
Lot & Batch #:		Lot & Batch #:			
Quantity Used:	lbs.		kgs:		Strokes:
<b>EQUIPMENT INFORMATION</b>					
Proportioner:		Hose Length:		F	M
Pressure A:	Pressure B:	Hose Temp:		F	C
Primary Heater:		Mixing Chamber:			
		Gun Type:			
<b>ENVIRONMENTAL CONDITIONS</b>					
Ambient Temp: F C (Circle one)		Substrate Temp: F C (Circle One)			
Relative Humidity: %					
<b>SUBSTRATE CONDITIONS</b>					
Type:		Clean:		Frozen:	
Free of Grease/Oil: Y N		Dry:		Wet:	
Special Preparation:					
<b>Site Testing</b>					
Density of Sample:		Sample Mass: g		Volume of Displaced Water: mL	
				Density: kg/m <sup>3</sup>	
Adhesion: Pass: Fail:		Cohesion: Pass: Fail:			
Thickness Required: (mm/in)		# of Passes:			
Thickness Measured: (mm/in)					
Visual Inspection: Yes No		Thermal Barrier Installed: Yes No		By Others:	
Job Site Label Installed: Yes		Vapour Barrier Installed: Yes No		By Others:	
Date:		Installer Signature:			

Work Record must be sent to: [workrecords@swdurethane.com](mailto:workrecords@swdurethane.com) within 7 days of job completion