DAILY WORK RECORD

Installer : _____ Date : _____

Contractor : _____ Contractor Certification # : _____

PROJECT INFORMATION

Project : _____ Customer Name : _____

Product Sprayed : _____

Part A Lot # : _____ Expiration Date : _____

Part B Lot # : _____ Expiration Date : _____

Foam Quantity : _____ Strokes x _____ displacement = _____ pounds

EQUIPMENT INFORMATION

Proportioner Type : _____ Proportioner Model : _____

Proportioner Pressure A-side : _____ °F B-side : _____ °F Hose Length : _____ ft.

Heater Temperature A-side : _____ °F B-side : _____ °F Hose Heater : _____ °F

ENVIRONMENTAL CONDITIONS

Ambient Temperature : _____ °F Substrate Temperature : _____ °F

Relative Humidity : _____ % Substrate Relative Humidity : _____ %

Dew Point : _____ °F Wind Velocity : _____ mph

SUBSTRATE CONDITIONS

Substrate Type : _____

Dry : Yes ☐ No ☐

Fastened : Yes ☐ No ☐

Clean : Yes ☐ No ☐

SITE TESTING

Density : Closed-Cell Mass : _____ grams / Volume : _____ ml x 62.43 = _____ lbs/ft^3

Open-Cell Mass : (_____ grams x 3.81) / Volume : (H x W x L) = _____ lbs/ft^3

Thickness Required : _____ In. Thickness Measured : _____ In. Number of Passes : _____

Installer Signature : _____