



# INSULATION SYSTEM DAILY WORK RECORD

KINDLY FAX (1-647-361-6076)

PLEASE NOTE: Sections in red MUST be filled  
PLEASE USE CAPITAL LETTERS IN FORM BOXES.



<b>Contractor:</b>	<b>Date:</b> Y Y Y Y M M D D
<b>Installer:</b>	<b>Card #:</b>
Apprentice:	<b>Appt Card #</b>

### PROJECT INFORMATION

<b>Customer Name:</b>	Construction: Unoccupied <input type="checkbox"/> Occupied <input type="checkbox"/>
<b>Project Name:</b>	Ventilation 0.3 ACH: Yes <input type="checkbox"/> No <input type="checkbox"/>
Project Address:	Spray Area Isolated: Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>City:</b>	Warning Sign Posted: Yes <input type="checkbox"/> No <input type="checkbox"/>
Prov.: AB BC MB NB NL NS NU ON PE QC SK OTHS	Type: Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other <input type="checkbox"/>
Project Description:	Building Permit Posted: Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Total Project Wall Area:</b> sq. m <input type="checkbox"/> sq. ft. <input type="checkbox"/>	Building Permit #:
Person/ Company responsible for thermal barrier:	

### MATERIAL INFORMATION

Product:	Isocyanate	Color:	Resin	<b>Product</b> <input type="checkbox"/> <b>JM CORBOND III</b>
Lot number:				
<b>Expiry Date:</b>	Y Y Y Y M M D D	Y Y Y Y M M D D		
<b>Manufacturing Date:</b>	Y Y Y Y M M D D	Y Y Y Y M M D D		
Drum Temperature:	(°F) <input type="checkbox"/>	(°C) <input type="checkbox"/>		
<b>Quantity of Cycles Used:</b>		<b>Quantity of Foam Used:</b>	Kg <input type="checkbox"/>	Pounds (lb.) <input type="checkbox"/>

### EQUIPMENT

Manufacturer of machine:	Model:
Mixing Chamber Size:	Hose Length: mt <input type="checkbox"/> ft <input type="checkbox"/>
Pressure: Isocyanate psi:	Resin psi:
Heater Temperature: Primary	Hose Temperature: (°F) <input type="checkbox"/> (°C) <input type="checkbox"/>

### ENVIRONMENTAL CONDITIONS

Time (hhmm) 24h format	Ambient Temperature (°F) <input type="checkbox"/> (°C) <input type="checkbox"/>	Relative Humidity (%)	Wind Velocity Mph <input type="checkbox"/> Km/h <input type="checkbox"/>	Substrate Temperature (°F) <input type="checkbox"/> (°C) <input type="checkbox"/>

### SUBSTRATE CONDITIONS

Type:	PREPARATION REQUIRED						Details:
Conditions:	SPECIAL CONDITIONS						
Clean:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Primer Required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Dry:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Protection Required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Properly Fastened:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Exterior Coating:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Proper Adhesion:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Interior Thermal Barrier:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

### TEST RESULTS

Mass	Volume	Calculated Density
<b>Weight of Sample #1(g):</b>	<b>Volume Displaced #1 (ml):</b>	
Weight of Sample #2 (g):	Volume Displaced #2 (ml):	
Weight of Sample #3 (g):	Volume Displaced #3 (ml):	
<b>Thickness Pass #1:</b>	mm	- / inches
Thickness Pass #2:	mm	- / inches
Thickness Pass #3:	mm	- / inches
<b>Number of Passes:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<b>Total Thickness</b> mm	- / inches
<b>Adhesion Test #1:</b> Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Cohesion Test #1:	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Adhesion Test #2:	Cohesion Test #2:	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Adhesion Test #3:	Cohesion Test #3:	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

**Signature**



### ADMINISTRATION SECTION (OPTIONAL)

Truck#:	Time In:	Other Product Used:
JobIn:	JobOut:	TimeOut:
Work Order Completed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Received: Yes <input type="checkbox"/> No <input type="checkbox"/>	Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Amt \$
Work Order Incomplete explain what remains:		Customer Acceptance of Satisfactory Work Completion:
#kg:	Material Cost:	Labour Cost:
Work Order Number:	Progress Billing:	Billing Amount:
Comments:		