

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.

Contractor:	Date:
Installer:	Card #:
Apprentice:	Appt Card #:

PROJECT INFORMATION

Customer Name:	Construction: Unoccupied <input type="checkbox"/> Occupied <input type="checkbox"/>
Project Name:	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"/>
City:	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"/>
Total Project Wall Area: sq. m <input type="checkbox"/> sq. ft. <input type="checkbox"/>	Building Permit #:
Person/ Company responsible for thermal barrier:	

MATERIAL INFORMATION

Product:	Color:	Product
	Isocyanate Resin	<input type="checkbox"/> Quik Shield 112
Lot number:		
Expiry Date:	Y Y Y Y M M D D Y Y Y Y M M D D	
Manufacturing Date:	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"/>	
Quantity of Cycles Used:	Quantity of Foam Used:	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
Weight of Sample #1(g):	Volume Displaced #1 (ml):	
Weight of Sample #2 (g):	Volume Displaced #2 (ml):	
Weight of Sample #3 (g):	Volume Displaced #3 (ml):	
Thickness Pass #1:	mm	- / inches
Thickness Pass #2:	mm	- / inches
Thickness Pass #3:	mm	- / inches
Number of Passes: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Total Thickness mm	- / inches
Adhesion Test #1: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Cohesion Test #1: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
Adhesion Test #2: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Cohesion Test #2: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
Adhesion Test #3: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	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:		