



# 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>     |   |   |   |   |   |   |   |   |
| <b>Apprentice:</b> |  | <b>Appt Card #</b> |   |   |   |   |   |   |   |   |

### PROJECT INFORMATION

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

### MATERIAL INFORMATION

|                                 |                               |                               |                             |  |
|---------------------------------|-------------------------------|-------------------------------|-----------------------------|--|
| <b>Product:</b>                 | Isocyanate                    | <b>Color:</b>                 | Resin                       | <b>Product</b><br><input type="checkbox"/> Quik Shield 112 |
| <b>Lot number:</b>              |                               |                               |                             |  |
| <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               |                             |  |
| <b>Drum Temperature:</b>        | (°F) <input type="checkbox"/> | (°C) <input type="checkbox"/> |                             |  |
| <b>Quantity of Cycles Used:</b> |                               | <b>Quantity of Foam Used:</b> | Kg <input type="checkbox"/> |  |

### EQUIPMENT

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

### ENVIRONMENTAL CONDITIONS

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

### SUBSTRATE CONDITIONS

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

### TEST RESULTS

$$g \div mL \times 1000 = Kg/m^3 \div 16 = pcf$$

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

Signature

