

Daily Work Record - Insulation

Contractor / Crew & Rig		Date	
Project Name		Customer Name	
Project Address		Customer Phone #	
Project Type (Circle one)	New Remodel	Area in sq. feet	

Employees (Identify safety officer with a *)

Name	Assignment

Safety, Substrate & Setup

Type of substrate			
Substrate Condition	Clean? Y / N	Dry? Y / N	Properly fastened? Y / N
Spray zone signs up, secured from unprotected access & method masked off			
Vents Blocked? Y / N	Primer Required? Y / N		
Spray zone vented to outside? Y / N	Protective coating required? Y / N		
Ventilation stayed in place until specified time to occupancy? Y / N	# of Hours to ventilate		

Material Information

	Manufacturer	Foam Type (Circle)	Begin Time	End Time	Lot #	Actual Area sprayed
A-Side #1						
A-Side #2						
B-Side #1		OC CC				
B-Side #2		OC CC				

Equipment & Processing Information

Proportioner Type		Stroke Count		Estimated	Actual	
Hose Lengths	1/2"	Gun Type				
	3/8"	Mixing Chamber				
Time	Ambient Temp & % Rel. Humid.	Hose Temp	A Pressure	A Temp	B Pressure	B Temp
am						
pm						

Equip Maintenance or application problems:

Daily log completed by:

Safety violations noted

Unauthorized access – names of people & company, reason why they entered

Name & Company	Time & Reason	Have them initial here

Insulation inspection or code questions

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General Notes

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