



Installer(s) _____
 Date _____
 Truck # _____
 Time In _____ Job In _____
 Job Out _____ Time Out _____
 Installer ID _____

Daily Quality Control & Work Record

Project _____

PROJECT INFORMATION		SUBSTRATE CONDITIONS	
Project Type	<input type="checkbox"/> New Construction <input type="checkbox"/> Occupied Construction <input type="checkbox"/> Ventilation 0.3 ACH	Substrate Type	
Area Installed		Condition	Clean <input type="checkbox"/> Y <input type="checkbox"/> N Dry <input type="checkbox"/> Y <input type="checkbox"/> N Secure <input type="checkbox"/> Y <input type="checkbox"/> N
Thickness		Preparation	
		Max. Thickness Per Pass	

EQUIPMENT INFORMATION	
Machine Model	Hose Length
Pressure: "A" psi	Pressure: "B" psi
Preheat (°F)	Hose Heat (°F)
Gun	Chamber

MATERIAL INFORMATION			
PRODUCT	COLOUR	CCMC #	Lot #: "A" Component
<input type="checkbox"/> Insulthane Extreme	Burnt Sienna	13697-L	Stroke Count
<input type="checkbox"/> Elastochem 500	Amber	13655-R	
<input type="checkbox"/> Wrapsulate	Yellow	14049-R	

ENVIRONMENTAL CONDITIONS				
Time	Ambient Temp (°C)	Relative Humidity (%)	Wind Velocity (km/h)	Substrate Temp (°C)

TEST RESULTS	
Mass (g)	Volume _____ ml x 62.44 = _____ lb/ft ³
Adhesion Test	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments

Signature