



Daily Quality Control & Work Record

Project Name _____

Contractor _____ Accreditation # _____

Installer _____ Certification # _____

Apprentice _____ Registration # _____

PROJECT INFORMATION

Project Type	<input type="checkbox"/> New Construction	<input type="checkbox"/> Occupied Construction	<input type="checkbox"/> Ventilation 0.3 ACH
Customer Name			
Project Address			Spray Area Isolated: <input type="checkbox"/> Yes <input type="checkbox"/> No
Project Description			Permit Posted: <input type="checkbox"/> Yes <input type="checkbox"/> No

MATERIAL INFORMATION

PRODUCT	COLOUR	CCMC #	"A" Component	Exp/MFG Date	Lot#
<input type="checkbox"/> Insulthane Extreme	Burnt Sienna	13697-L	"B" Component		
<input type="checkbox"/> Elastochem 500	Amber	13655-R	Quantity Used	KG	Strokes
<input type="checkbox"/> Wrapsulate	Yellow	14049-R			

EQUIPMENT INFORMATION

Equipment	Manufacturer:	Model:			
Tip Size	Hose Length	m	Pressure "A"	PSI/kPa	
Heater Temp Block	°C/°F	Hose Temp	°C/°F	Pressure "B"	PSI/kPa

ENVIRONMENTAL CONDITIONS

Time	Ambient Temp	°C/°F	Relative Humidity	%	Wind Velocity	km/h	Substrate Temp	°C/°F
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SUBSTRATE CONDITIONS

Type	Preparation Required			
Conditions	<input type="checkbox"/> Clean	<input type="checkbox"/> Dry	<input type="checkbox"/> Sound	<input type="checkbox"/> Free of Grease or Oil

TEST RESULTS

Density Test	Mass: _____ g	Volume: _____ ml	Density	_____ g / _____ ml x 1000 = _____ kg/m ³
Manufacturer Min. Required Density	Site Density Equal or Greater		<input type="checkbox"/> Yes <input type="checkbox"/> No	Adhesion Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Thickness	Thickness Required: _____	Thickness Measured: _____	# of Passes: _____	
Visual Inspection	<input type="checkbox"/> Acceptable <input type="checkbox"/> Non Acceptable			

PRIMERS/COATINGS

Primer Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Exterior Coating	<input type="checkbox"/> Yes <input type="checkbox"/> No	Interior Thermal Barrier <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: _____	Date: _____
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Comments: _____
