



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"/> Radon Barrier System ULC ER-R40584 (Insulthane Extreme Only)
Customer Name			Ventilation 0.3 ACH: <input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Insulthane 500 HY	Uncoloured	13655-R	Quantity Used	KG	Strokes
<input type="checkbox"/> Insulthane 450 NM	Uncoloured	14444-L			
<input type="checkbox"/> Wrapsulate	Yellow	14049-R			
<input type="checkbox"/> Insulthane HC	Uncoloured	N/A			

EQUIPMENT INFORMATION

Equipment	Manufacturer:	Model:	
Tip Size	Hose Length	feet	Pressure "A" PSI kPa
Heater Temp Block	Hose Temp		Pressure "B" PSI kPa

ENVIRONMENTAL CONDITIONS

Time	Ambient Temp	Relative Humidity	%	Wind Velocity	km/h	Substrate Temp
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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 (Imperial)	_____ g / _____ ml x 62.4 = _____ lb/ft ³
Required Density	Extreme: 2.2 lb/ft ³ Other: _____ lb/ft ³	Density (Metric)	_____ g / _____ ml x 1000 = _____ kg/m ³
Thickness	Thickness Required: _____	Site Density Equal or Greater	<input type="checkbox"/> Yes <input type="checkbox"/> No Adhesion Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Visual Inspection	<input type="checkbox"/> Acceptable <input type="checkbox"/> Non Acceptable	Thickness Measured: _____	# of Passes: _____

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:	Comments:
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