



## Daily Work Record

Contractor:	Contractor License # :
Installer:	Apprentice:
Certification #:	Registration #:

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

Material Information			
Manufacturer:		Type:	
Trade Name/Number:		CCMC#	
	"A"	"B"	Quantity Used
Expiry or Mfg Date:			KG                      Strokes
Lot #:			

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°)

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

Test Results			
Density Test:	Mass: _____ g	Volume: _____ ml	Density = g/ml x 62.4 = _____ lb/ft <sup>3</sup>
Manufacture's Required Density: Min: _____ lb/ft <sup>3</sup> / Max: _____ lb/ft <sup>3</sup>		Site Density Equal or Greater: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Adhesion / Cohesion Test:	Pass: <input type="checkbox"/>	Fail: <input type="checkbox"/>	
Thickness required:	Thickness measured <input type="checkbox"/>	# of passes:	
Visual Inspection:	Acceptable <input type="checkbox"/>	Not Acceptable <input type="checkbox"/>	

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

<b>Date</b>	<b>Signature</b>
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