



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 ³
Manufacture's Required Density: Min: _____ lb/ft ³		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"/>
Date		Signature	