

SPRAY FOAM INSULATION RECORD



Contractor: _____ Date: _____
 Installer: _____ Installer Certification #: _____
 Apprentice: _____ Apprentice #: _____

Project Address: _____

Location of Installation: Crawlspace Attic Mass Walls
 Box Ends Exterior Walls Other (please specify) _____

Customer Name: _____
 Manufacturer: _____
 Product: _____
 Product GMID: _____
 Material CCMC #: _____

	“A” Component	“B” Component
Lot #	_____	_____
Expiry Date / Mfg. Date:	_____	_____
Quantity of foam used (today)	_____	_____
Mixing Chamber Size:	_____	Hose Length: _____
Heater Temperature:	_____	Hose: _____
Primary:	_____	
Pressure (psi):	_____	“B” (psi): _____

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

Density Test: Mass: _____ g Volume: _____ mL Density = g/ml x 1000 = _____ /m³

Adhesion test: pass fail Cohesion test: pass fail

Test methods are found in Section 6.3 of CAN/ULC S705.2-05.

Thickness: _____ Number of Passes: _____ Thickness per Pass: _____
 Total Foam Thickness: _____ R Value: _____
 Type: _____

Conditions: Clean Dry Properly Fastened / Proper Adhesion

Preparation Required: _____

