



# 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)
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"/> Elastochem 500	Amber	13655-R	Quantity Used	KG	Strokes
<input type="checkbox"/> Insulthane 450 NM	Uncoloured	#14444-L			
<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 <sup>3</sup>
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:	Comments:
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