

Daily Work Report

Company:		Date:							
Installer(s):		License #(s):							
Assistant(s):		License #(s):							
JOB INFORMATION									
Job Name:		<input type="checkbox"/> New Building Installation <input type="checkbox"/> Retrofit Installation							
Job Address:									
Customer Name:									
MATERIAL INFORMATION									
Material Consumed	Product Name	Lot Number/Drum#	Manuf. Date	Exp. Date					
Poly Side									
ISO Side									
Quantity of Foam Used Today: _____ kg									
EQUIPMENT									
Proportioner Type:		Gun Type:							
Mixing Chamber Type:		Hose Length and Diameter:							
JOBSITE CONDITIONS									
Time	Ambient Temp. (°C)	Relative Humidity (%)	Wind Velocity (km/h)	Substrate Temp. (°C)					
PROCESSING CONDITIONS									
Time	Hose Temp (°C)	ISO Pressure (Bar)	ISO Temp. (°C)	Poly Pressure (Bar)	Poly Temp. (°C)				
RETROFIT REQUIREMENTS									
Spray Area Ventilated to the Outside? <input type="checkbox"/> Yes <input type="checkbox"/> No			Length of Time Ventilation was in Place:						
TEST RESULTS									
<u>Density Test</u>		<u>Manufacturer's Required Density</u>		<u>Adhesion Test</u>	<u>Thickness</u>				
Mass: _____ g		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Min</th> <th style="width: 50%;">Max</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Min	Max			<input type="checkbox"/> Pass <input type="checkbox"/> Fail <u>Cohesion Test</u> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Number of Passes: _____
Min	Max								
Volume: _____ ml		Thickness per Pass: _____mm							
Density = g/ml x 62.4 = _____ lb/ft ³				Total Foam Thickness: _____mm					
SUBSTRATE CONDITIONS									
Type:		Conditions: <input type="checkbox"/> Clean <input type="checkbox"/> Dry <input type="checkbox"/> Properly Fastened / Proper Adhesion							
Preparation Required:									
SPECIAL CONDITIONS									
Primer Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Protective Coating Required: <input type="checkbox"/> Yes <input type="checkbox"/> No							
Details:									
MAINTENANCE ISSUES									
<p>Important Notes: Daily work report must be filled out each day & for each rig or proportioner in operation. Check equipment parameters minimum every two hours.</p>									
Report #:		Installer(s) Signature(s) _____							