



"Spray foam is unregulated, so providing any assurance of a safe and quality product is purely based on TRUST and strict quality control."

| Job Information | | | |
|-----------------|---|---------------------|--|
| Date: | Time: | Spray Rig #(s) | |
| Customer Name | | Crew Leader Name(s) | |
| Job Address | | Assistants | |
| Project Type | <input type="checkbox"/> Residential New <input type="checkbox"/> Residential Existing <input type="checkbox"/> Commercial New <input type="checkbox"/> Commercial Existing | | |

| Safety Information | | | |
|-------------------------|---|------------------------------|--|
| Safety Warning Posted | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Corrected | Ducted Ventilation Fan | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Corrected |
| Sprayer Using Fresh Air | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Corrected | Other Trades Near Applicator | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Builder Notified |

| Environmental Conditions | | | |
|--------------------------|---|-------------------------------|--|
| Ambient Temperature(°F) | | Substrate Type | <input type="checkbox"/> Plywood <input type="checkbox"/> OSB <input type="checkbox"/> Concrete <input type="checkbox"/> Metal <input type="checkbox"/> Other |
| Weather Conditions | <input type="checkbox"/> Mostly Sun <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow | Substrate Temp(°F) | |
| Wind(mph) | <input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-15 <input type="checkbox"/> 15-25 <input type="checkbox"/> 25+ | Substrate Moisture Content(%) | |
| Relative Humidity(%) | | | |

| Equipment | | | |
|----------------------------|--|----------------------------|--|
| Proportioner #1 | | Proportioner #2 | |
| Spray Rig # | | Spray Rig # | |
| Hose Heat Temp(°F) | | Hose Heat Temp(°F) | |
| A-Side Primary Heaters(°F) | | A-Side Primary Heaters(°F) | |
| B-Side Primary Heaters | | B-Side Primary Heaters | |
| Output Pressure(psi) | | Output Pressure(psi) | |
| Mixing Chamber Size | | Mixing Chamber Size | |

| Chemical Information | | | |
|----------------------|--|-------------------|--|
| Product #1 Name: | | Product #2 Name: | |
| Batch # A-side | | Batch # A-side | |
| Batch # B-side | | Batch # B-side | |
| Temp of Drums(°F) | | Temp of Drums(°F) | |

| Foam Inspection | | | |
|-------------------------|--|----------------------------|--|
| Location of Inspection | | Location of Inspection | |
| Foam Thickness (inches) | | Foam Thickness (inches) | |
| Density Check | <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Corrected | Density Check | <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Corrected |
| Adhesion | <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Corrected | Adhesion | <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Corrected |
| Voids | <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Corrected | Voids | <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Corrected |
| Cell Structure | <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Corrected | Cell Structure | <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Corrected |
| Iso Wipe Inspection | <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Corrected | Iso Wipe Inspection | <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Corrected |
| Core Sample Bagged | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Labeled | Core Sample Bagged/Labeled | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| Special Conditions | |
|------------------------------|--|
| Inspected Doors & Windows | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> To Be Done Later _____ |
| Thermal Protection Needed | <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ |
| Sistered TGI's? | <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ |
| LVL's Require Primer/Sand? | <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ |
| High-Hats Wrapped with MW? | <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ |
| Pocket Corners Need Drilling | <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE _____ |

Notes:

| Inspector | | | |
|-------------------|--|------------------------------|---|
| Inspected By | | Signature of Inspector | X |
| Spoke with Client | <input type="checkbox"/> YES <input type="checkbox"/> NO | Client's Name You Spoke With | |

Remember to E-mail interesting facts or pictures to upc@upcfoam.com