

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

Notes	