



GENERAL INFORMATION

Installer: _____ Date: _____ SPF Contractor: _____

PROJECT INFORMATION

Project: _____ Customer Name: _____

MATERIAL INFORMATION - ELITE 2.0

Part A Lot Number: _____ Expiry Date: _____

Part B Lot Number: _____ Expiry Date: _____

Foam Quantity: _____ Strokes x _____ Displacement = _____ Pounds

EQUIPMENT INFORMATION

Proportioner Type: _____ Proportioner Model: _____

Proportioner Pressure: A-side: _____ psi B-side: _____ psi Hose Length: _____ ft

Heater Temperature: A-side: _____ °F B-side: _____ °F Hose Heater: _____ °F

Barrel Temperature: A-side: _____ °F B-side: _____ °F

SUBSTRATE CONDITIONS

Substrate Type: _____	Dry	YES - ☐	NO - ☐
	Fastened	YES - ☐	NO - ☐
	Clean	YES - ☐	NO - ☐

SITE TESTING

Density Test (Mass: _____ grams / Volume: _____ ml) x 62.4 = _____ lb/ft³

Min. Density Required: 2.0 lb/ft³ (± 10%) Site Density Greater or Equal YES - ☐ NO - ☐

Thickness Required: _____ in. Thickness Measured: _____ in. Number of Passes: _____

Installer Signature: _____