



GENERAL INFORMATION

Installer: _____ Date: _____ SPF Contractor: _____

PROJECT INFORMATION

Project: _____ Customer Name: _____

MATERIAL INFORMATION - ELITE 50

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 [sample 4x4x4 in.] Mass: _____ grams / 16 = _____ lb/ft³

Min. Density Required: 0.5 lb/ft³ (± 10%) Site Density Greater or Equal YES - ☐ NO - ☐

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

Installer Signature: _____