

# Floraseal Daily Worksheet

Contractor:				
Installer:				
Certification #:		Registration #:		
<b>Project Information:</b>				
Customer Name:		Construction: New	Occupied	
Project Name:		Ventilated 0.3 ACH: No	Yes	
Project Address:		Spray Area Isolated: No	Yes	
Project Description:		Building Permit Posted: No	Yes	
<b>Material Information</b>				
Manufacturer: <b>GENYK</b>		Type: <b>Open-cell Spray Foam</b>		
Trade Name/Number: <b>Floraseal</b>		CCMC# <b>14128 - L</b>		
	"A"	"B"	Quantity Used	
Expiry or Mfg Date:			KG	Strokes
Lot #:				
<b>Equipment</b>				
Manufacturer:		Model:		
Tip Size:	Hose Length:	m	Pressure "A":	PSI/Kpa
Heater Temp Block:	C°/F°	Hose Temp:	C°/F°	Pressure "B": PSI/Kpa
<b>Environmental Conditions</b>				
Time	Ambient Temp (C°/F°)	Relative Humidity %	Wind Velocity (km/h)	Substrate Temp (C°/F°)
<b>Substrate Conditions</b>				
Type:		Preparation Required:		
Conditions:	Clean	Dry	Sound	Free of Grease or Oil
<b>Test Results</b>				
Density Test:	Mass: _____ g	Volume: _____ ml	Density = g/ml x 1000 = _____ kg/m <sup>3</sup> _____ g / _____ ml x 1000 =	
Manufacture's Minimum Required Density:		Site Density Equal or Greater:		Yes    No
Adhesion / Cohesion Test:		Pass:	Fail:	
Thickness required:		Thickness measured	# of passes:	
Visual Inspection:		Acceptable	Not Acceptable	
<b>Date</b>		<b>Signature</b>		