



SPRAY FOAM INSULATION RECORD
Building Permits & Licences Division

Contractor: _____ Date: _____
 Installer: _____ Installer Certification #: _____
 Apprentice: _____ Apprentice #: _____

Project Address: _____
 Location of Installation: crawlspace; attic; mass wall; : box ends; : exterior walls;
 other (please specify) _____

Customer Name: _____
 Manufacturer: _____
 Product: _____
 Product GMID: _____
 Material CCMC #: _____

	"A" Component	"B" Component
Lot #	_____	_____
Expiry Date / Mfg. Date:	_____	_____
Quantity of foam used (today)	_____	_____

Mixing Chamber Size: _____ Hose Length: _____
 Heater Temperature: _____ Hose: _____
 Primary: _____
 Pressure (psi): _____ "B" (psi): _____

Time	Ambient Temp (°C)	Relative Humidity	Wind Velocity (km/h)	Substrate Temp (°C)

Density Test: mass _____g Volume: _____mL

Density = g/ml x 1000 = _____/m³

Adhesion test: pass fail
 Cohesion test: pass fail

Test methods are found in Section 6.3 of CAN/ULC 3705.2

Thickness: Number of Passes: _____ Thickness per Pass: _____
 Total Foam Thickness: _____ R Value: _____

Type: _____

Conditions: Clean Dry Properly Fastened / Proper Adhesion

Preparation Required: