



Spray Foam Insulation Form

General Information			
Project Address: _____			
Installer: _____	Telephone: _____	Email: _____	
Builder: _____	Telephone: _____	Email: _____	
Product	CCMC Listing or Report # _____ Manufacturer _____ Colour _____ CCMC approved for use as: <input type="radio"/> Insulation <input type="radio"/> Vapour Barrier <input type="radio"/> Air Barrier <input type="checkbox"/> Low Density (open cell) <input type="checkbox"/> Medium Density (closed cell) <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 RSI/mm (or R/in) _____ Complies with NBC 9.25.2.2. <input type="radio"/> Yes <input type="radio"/> No	Foamed Plastic Insulation has been or will be protected as per NBC 3.1.4.2. and 9/10/17/10. <input type="radio"/> Yes <input type="radio"/> No <u>Please Note: Additional Information may be required.</u>	Thermal Barrier
		Have the plans, details and specifications been reviewed and sealed by a registered design professional (Architect or Engineer)? <input type="radio"/> Yes <input type="radio"/> No	RDP Involved
Application	Where will the spray foam be applied? _____ Thickness: _____ mm	Spray foam insulation applied to the underside of the roof sheathing in an attic, and in similar enclosed spaces; Describe how the insulation maintains continuity, and indicate how this requirement will be met:	Continuity of Installation
Safety	<u>Buildings cannot be occupied for 24 hours</u> - Manufacturer's safety protocols have been followed: <input type="radio"/> Yes <input type="radio"/> No		
Label	A "Label" has been placed on the job site as required by CAN/ULC-S705.2: <input type="radio"/> Yes <input type="radio"/> No		
Installer	Installing Company: _____ Certified Installer: _____ Signed by (Print): _____	Date: _____ ID #: _____ Signature: _____	