

General Information

Installer: _____ Date: _____ SPF Contractor: _____

Project Information

Project: _____ Customer Name: _____

Material Information – GENYK 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

Environmental Conditions

Ambient Temperature: _____ °F Substrate Temperature: _____ °F

Relative Humidity: _____ % Wind Velocity: _____ mph

Substrate Conditions

Type: _____

DRY	YES - <input type="checkbox"/>	NO - <input type="checkbox"/>
FASTENED	YES - <input type="checkbox"/>	NO - <input type="checkbox"/>
CLEAN	YES - <input type="checkbox"/>	NO - <input type="checkbox"/>

Site Testing

Density Test - Mass: _____ grams / Volume: _____ ml x 62 .4 = _____ lbs/ft³

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

Thickness Required: _____ inches Thickness measured: _____ inches Number of passes: _____

Installer Signature - _____