

## Daily Log Insulation

Job Name		Date	
Rig identifier		Author	
<b>Location / address:</b>			
Safety Topic -			

### Employees

Name	Assignment	Start Time	End Time	Hours

### Foam Information

Foam Manufacturer	Drum Temp A: B:	Foam Density	Product	
	<b>Begin Time</b>	<b>End Time</b>	<b>Lot #</b>	<b>Actual Area sprayed</b>
A-Side #1				
B-Side #1				
A-Side #2				
B-Side #2				
A-Side #3				
B-Side #3				
<b>Stroke Count</b>	<b>Proportioner #1</b>		<b>Proportioner #2</b>	
Start of Day				
End of Day				

### Weather Conditions / Circle One: Rain Drizzle Snow Cloudy Windy Sunny

	Morning	Afternoon
Time		
Air Temp		
Relative Humidity		
Dew point temp		
Substrate Type		
Substrate Temp		
Substrate Moisture		
Comments		

