

Spray Foam Installer Verification Form

Spray-Applied Foam Insulation / Thermal Barrier

Municipality:			
Owner's Name:		Phone:	
Contractor:		Phone:	
Jobsite Address:		Project Type:	

Safety Notice: Buildings cannot be occupied for 24 hours after the installation of spray-applied rigid polyurethane foam insulation or thermal barrier. General contractor must ensure inspections are scheduled at least 24 hours after installation is completed.

Spray-Applied Foam Insulation

Spray Foam Product Information			
CCMC Listing or Report #:		Colour:	
Manufacturer:		RSI/mm (or R/inch):	
CMCC Approved Use As:	<input type="checkbox"/> Insulation <input type="checkbox"/> Vapour Barrier <input type="checkbox"/> Air Barrier		
Density and Type:	<input type="checkbox"/> Low (open cell) <input type="checkbox"/> Medium (closed cell) <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2		

Vapour Permeance	
Will the spray foam insulation form a vapour barrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum thickness to attain a vapour barrier permeance of 60 ng/PA*s*m ²	

Application	
Where will the spray foam insulation be applied?	Thickness (mm)
When spray foam insulation is applied to the underside of the roof sheathing in an attic, and in similar enclosed spaces, the area is required to be conditioned and vented. Indicate below how this requirement will be met:	

Thermal Barrier	
Foamed plastics must be protected with a thermal barrier such as drywall, an interior finish listed in 2015 NBC Subsections 9.29.4 to 9.29.9, or a material that meets the requirements of Classification B when tested in conformance with CAN/ULC-S 124.	
Thermal Barrier Product to be Used:	Thickness:

Spray-Applied Thermal Barrier

Spray-Applied Thermal Barrier Product Information (Cementitious or Intumescent Coating)			
CCMC Listing or Report #:		Colour:	
Manufacturer:			
Primer Product:		Thickness (mil WFT):	
*** Primer thickness must not be less than 3 mil wet film thickness (WFT)			

Thermal Barrier Coating Application	
Location of Application?	Thickness (mil WFT)

Installer Verification:			
Company Name:		Phone:	
Certified Installer:		ID #:	
Email (Installer):		Date:	

I hereby certify that a label will be placed on the electrical panel at the jobsite and that the:

- Spray-applied rigid polyurethane foam insulation will meet the CAN/ULC-S705.1 - Medium Density product standard and will be installed according to the CAN/ULC-S705.2 installation standard.
- Spray-applied thermal barrier will be installed in accordance with the manufacturer's instructions.
- Plans, details and specifications been reviewed and sealed by a professional designer.
- Alternative Solution – Specify: _____
(attach supporting documents)

Installer Name:		Signature:	
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