

Reference / Quote
Number _____



Icynene CodeMark - Job Card

Started: Time _____ / Date _____ Owner/Builder: _____
Finished: Time _____ / Date _____ Address: _____ P/code: _____

Proportioner Count (restart at zero)

Generator hours

Start _____

Finish _____

Compressor hours

Start _____

Finish _____

Hose Pressure on Proportioner

Start _____

Finish _____

Temperatures °C	A Heater	B Heater	Hose Heater	Liquid Temperature
Start				
Finish				

Batch Number(s): _____

Foam Quality Satisfactory: YES / NO Job Completed Satisfactorily: YES / N

Spray thickness _____ mm = R value _____ (ref: R 0.248 / 10mm)

Location(s) where work was carried out, e.g. under floor, wall etc. _____

Notes:

Installer:

Signed / Name: _____ / _____

Owner / Builder:

Signed / Name: _____ / _____

If outcome was non-conforming, list what corrective and preventative actions were taken:

* One copy must be mailed, emailed or faxed to Era Polymers Pty Ltd,
25-27 Green Street, Banksmeadow, NSW 2019 alex@erapol.com.au 02 9666 3788*