



Installation Job Work Record

Job Work Records are an excellent way to track your installations and confirm compliance to your Building Official or Authority Having Jurisdiction. In the event of a concern on a job the installer is able to provide documented proof of the installation.

* Highlighted fields are required*

Contractor:		Application Start Date:		Completion Date:			
Contact Info:		Installer Name:					
Application guide on jobsite: Yes <input type="checkbox"/> No <input type="checkbox"/> (Check One)		Certification Number :					
PROJECT INFORMATION							
Customer Name:		Occupied: <input type="checkbox"/>		Unoccupied: <input type="checkbox"/>			
Job Site Address:		Square Feet Coated:					
		Building Permit #:					
		Spray Area Isolated:		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Scope of Job:		Ventilated at 0.3 ACH		N/A <input type="checkbox"/> Yes <input type="checkbox"/>			
		Coating Thickness Required					
		WFT		DFT			
IFTI Product Applied							
Mix Time per Bucket: mins		Material Temp: F C		Batch #'s:			
Quantity Used:		Gals:		# of Passes:			
EQUIPMENT INFORMATION							
Airless Sprayer:		Hose Length:		Hose Diameter:			
Pressure		Tip Size:					
Gun Type:		Other:					
SUBSTRATE CONDITIONS							
Type:		Clean: Y <input type="checkbox"/> N <input type="checkbox"/>		Texture: <input type="checkbox"/>			
Free of Grease/Oil: Y <input type="checkbox"/> N <input type="checkbox"/> (check One)		Dry: Y <input type="checkbox"/> N <input type="checkbox"/>		Wet: Y <input type="checkbox"/> N <input type="checkbox"/>			
Special Preparation:							
Was Primer Used: Yes <input type="checkbox"/> No <input type="checkbox"/> Type: <input type="checkbox"/>		Refer to application guide on where and when to use primer					
ENVIRONMENTAL CONDITIONS							
Ambient Temp: F C		Substrate Temp: F C					
Type of Ventilation:		Ventilation Duration: hrs:		days:			
Heating Required: Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/>		Type Of Heat:					
Site Testing							
Thickness Required: (mils WFT)		Were Medallions Used: Y <input type="checkbox"/> N <input type="checkbox"/>		Daily Temp and Humidity Readings: C <input type="checkbox"/> F <input type="checkbox"/>			
Record Actual WFT measurement		Day	Temp	RH%	Day	Temp	RH%
1	7	13	19		1	7	
2	8	14	20		2	8	
3	9	15	21		3	9	
4	10	16	22		4	10	
5	11	17	23		5	11	
6	12	18	24		6	12	
For Projects Greater Than 10,000 Sq Ft Please use Additional Work Reports							
I hereby certify that I have installed the listed fire protection per manufacturers installation instructions and product listings, and in a manner compliant with local building codes in effect at the time of installation.							
Signature:				Date:			

Work Records should be completed for each and every job. Completed work records can be submitted to workrecord@painttoprotect.com