



# INTUMESCENT COATING INSTALLATION JOB WORK RECORD

Keeping track of your projects application conditions helps confirm compliance to your Building Official or Authority Having Jurisdiction. If there is a concern on a project the installer can use this document for proof of installation and application conditions. Flame Seal Products recommends keeping this document updated and filed.

## CONTRACTOR CONTACT AND INFORMATION

Contractor: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Project Start/End Date: \_\_\_\_\_

## PROJECT INFORMATION

Project Name: \_\_\_\_\_  
Project Description: \_\_\_\_\_  
Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
Square Footage: \_\_\_\_\_  
WFT Required: \_\_\_\_\_

Is the area ventilated? Yes  No

Is the area isolated? Yes  No

## PRODUCT INFORMATION

Product Used: \_\_\_\_\_  
Label Batch Number: \_\_\_\_\_  
Quantity Used: \_\_\_\_\_  
Purchase Date: \_\_\_\_\_

## EQUIPMENT INFORMATION

Airless Sprayer: \_\_\_\_\_  
Tip Size: \_\_\_\_\_  
Hose Length: \_\_\_\_\_

## SUBSTRATE INFORMATION

Substrate: \_\_\_\_\_  
Primer used? Name? \_\_\_\_\_  
Moisture Content: \_\_\_\_\_

Free of grease and debris? Yes  No



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### DAILY APPLICATION CONDITIONS

Day	Date (mm/dd/yyyy)	Temperature (F)	RH%	Surface Temp (F)	Comments (Weather)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

### DAILY WET FILM THICKNESS (1 reading per 500 Sq.Ft)

Reading	Date (mm/dd/yyyy)	WFT	Reading	Date (mm/dd/yyyy)	WFT
1			13		
2			14		
3			15		
4			16		
5			17		
6			18		
7			19		
8			20		
9			21		
10			22		
11			23		
12			24		

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: \_\_\_\_\_

Send a copy of this document to [flameseal@flameseal.com](mailto:flameseal@flameseal.com) upon completion of the project.