



Job Site Checklist/Work Order

Salesperson: _____

Customer: _____

Address: _____

Requested Start Date: _____

Contact Name: _____

Contact Phone Number: _____

Job Amount: \$ _____

Deposit Collected: \$ _____

Balance to be picked up upon completion: Yes ___ No ___ If yes Amount \$ _____

Job Description:

Retrofit _____ New Construction _____ Metal Building _____

Profoam Material to be Used: OC _____ CC _____ Hybrid _____

Average Thickness to be Installed: Walls _____ Roofline _____ Crawlspace _____

Number of Sets to Take: OC _____ CC _____ Hybrid _____

Scaffolding/Lift Required: Yes _____ No _____

Cardboard Inserts Required: Yes _____ No _____ If So: How Many _____

Netting Required: Yes _____ No _____ If so: How many Sq. Ft: _____

Power on Site: Yes _____ No _____ ***If no and generator required, cost is \$400 per day**

100 Amp Service: Yes _____ No _____

Jobsite Clean: Yes _____ No _____

Trailer Parking: Driveway _____ Street _____ ***Notify builder if parking permit required**

Clearance to Park Trailer: Yes _____ No _____

Long Curved or Difficult Driveway: Yes _____ No _____

Distance from Power Supply to Parking Area: _____

Distance from Parking Area to Job Site: _____

Roofline Total Sq. Ft: _____

Number of Peaks: 1 _____ 2-3 _____ Multiple _____

Soffits: Open _____ Closed _____

Peak Height from Standing Platform: 2'-4' _____ 4'-6' _____ 6'-8' _____ 8'-12' _____ over 12' _____

Wood Studs: _____ Metal Studs: _____ Metal Building Panels: _____

Roofline on Multiple Floors: 1 Floor _____ 2 Floors _____ 3 Floors _____ 4 Floors _____

Vent Fans: Yes _____ No _____

Flooring in Attic: Total _____ 1/2 _____ Very Little _____ None _____

Can Lights in Ceiling to be Sprayed: Yes _____ No _____ ***If yes, must box in**

Can Light in Porch Ceiling to be Sprayed: Yes _____ No _____ ***If yes, must box in**

Wall Total Sq. Ft: _____

Studs: 2 X 4 _____ 2 X 6 _____ Other: (explain) _____

Studs: Metal _____ Wood _____

Wall Height: 8'-10' _____ 10'-12' _____ 12'-14' _____ over 14' _____

Wall Cavities Clean: Yes _____ No _____

Pipes Clear for Sheetrock: Yes _____ No _____

Bathtubs/showers Against Outer Walls: Yes _____ No _____ ***If yes address issue with builder**

Air Infiltration Package: Yes _____ No _____

Crawlspace/Underside of House Total Sq. Ft: _____

Height: 2'-3' _____ 3'-5' _____ 5'-7' _____ 7'-9' _____ 9'-11' _____ over 11' _____

Truss System: Manufactures Web Joist _____ Standard 2 X 12 Floor Joist _____

Truss System: Metal _____ Wood _____

Wires/Pipes on Ground or Hanging Down: Yes _____ No _____

Ground Surface: Slab _____ Dirt _____

Are we Installing Plastic Over the Ground: Yes _____ No _____

Perimeter Wall to be Sprayed: Yes _____ No _____ *** If yes, must take cardboard to cover vents**

Open Perimeter Walls/Lattice: Yes _____ No _____ ***If yes, no cars within 50yds**

Spray Ductwork: Yes _____ No _____

Condition: Bare Metal _____ Wrapped _____ Flex Duct _____

Complete 360-Degree Access: Yes _____ No _____

Clearance for Sheetrock: Yes _____ No _____

Elevator Shaft/Stairwell Total Sq. Ft: _____

Plywood or Sheetrock in place: Yes____ No____ ***If no notify builder to have done before we start**

Elevator Shaft Conditioned Space to the Ground Floor: Yes____ No____

Travel

Total Travel Time: 30 mins____ 1hr____ 1 ½hrs ____ 2hrs____ 2 ½ hrs____ 3hrs____ 4hrs____ 5hrs____

Detailed Directions

Comments/Specific Instructions
