

SPFA INSULATION MASTER INSTALLER**CLOSED CELL FIELD EXAM**

| | |
|---|--|
| Date: | |
| Candidate Name: | |
| Company Name: | |
| Address: | |
| Email to send results: | |
| Orientation Completed By: | |
| Please answer: Yes (Y) or No (N) to the following questions during the field exam. | |

1. Documentation and PPE (CC 15% weighting)

Scope: Demonstration of personal protection equipment (PPE), documentation and their role in personal health and safety.

Did the candidate do the following:

| | | Yes | No |
|----|---|------------|-----------|
| 1 | Show a project safety checklist for a project? | | |
| 2 | Show a pre-construction meeting form that has been filled out? | | |
| 3 | Show a Job Fact Sheet? | | |
| 4 | Show the project daily log report that has the following items filled out: date work completed, weather conditions, materials used, amount of work completed & batch numbers? | | |
| 5 | Show the SDS sheets for each material being installed? | | |
| 6 | Explain what type of information is in each section of the SDS sheets? | | |
| 7 | Show the filter change out schedule/log? | | |
| 8 | Show where emergency numbers are posted? | | |
| 9 | Show the temperature range that is recommended for the product? | | |
| 10 | Demonstrate a tool box talk/safety briefing? | | |
| 11 | Select the proper eye PPE? | | |
| 12 | Select the proper hand PPE? | | |
| 13 | Select the proper protective clothing PPE? | | |
| 14 | Select the proper footwear PPE? | | |

Field Examiner Signature: _____

Start Time: _____ End Time: _____

| | | Yes | No |
|----|--|------------|-----------|
| 15 | Select the proper respiratory PPE? | | |
| 16 | Demonstrate proper use and set up of fresh air system? | | |

Field Examiner Signature: _____

Start Time: _____ End Time: _____

NOTE: Shaded areas are the same on both Insulation & Roofing Field Exams

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2. Pre-Application (CC 15% weighting)

Scope: Demonstration of the ability to verify substrate conditions are acceptable and that safety procedures and equipment are being utilized.

Did the candidate do the following:

| | | Yes | No |
|----|--|-----|----|
| 1 | Select the most appropriate safety and warning signs and describe where they would be located on the jobsite? | | |
| 2 | Demonstrate the proper setup of ventilation of the spray area? | | |
| 3 | Show the location of power sources and equipment? | | |
| 4 | Demonstrate that all heat producing devices are disabled, sealed and protected from exposure to SPF and from accidental powering on during spray periods and ventilation of spray area? | | |
| 5 | Demonstrate that all HVAC ventilation systems are disabled, sealed and protected from exposure to SPF and from accidental powering on during spray periods and ventilation of spray area? | | |
| 6 | Demonstrate the proper lockout and tag out procedure? | | |
| 7 | Select the appropriate fire extinguisher based on charge status, inspection date, and correct type? Describe where the fire extinguishers are to be located on the jobsite? | | |
| 8 | Show areas on the project where fall protection will be required and demonstrate how to check each for safe setup and use? | | |
| 9 | Demonstrate that the substrate is properly prepared and is clean, dry, and free of dust, loose scale or rust, oil, or ice? | | |
| 10 | Demonstrate how to check the substrate temperature? | | |
| 11 | Demonstrate how to check the moisture level on/in the substrate? | | |
| 12 | Demonstrate proper masking procedures? | | |
| 13 | Demonstrate where the insulation certificate will be placed at job end and how that information is communicated to the property owner? | | |

Field Examiner Signature: _____

Start Time: _____ End Time: _____

| | | Yes | No |
|----|---|-----|----|
| 14 | Demonstrate how to properly set up both an extension and a step ladder? | | |

Field Examiner Signature: _____

Start Time: _____ End Time: _____

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3. Equipment/Rig (CC 15% weighting)

Scope: Demonstration how to service equipment and identify various procedures and processes in rig in accordance with manufacturer's guidelines.

Did the candidate do the following:

| | | Yes | No |
|---|--|-----|----|
| 1 | Show the HMIS label on the container for the foam that will be used and explain what the instructions mean? | | |
| 2 | Show the lot number and/or expiration dates? | | |
| 3 | Show the location of the eye wash? | | |
| 4 | Demonstrate how to check equipment and tools for operation or damage to verify that they are safe for use? | | |
| 5 | Explain to examiner the procedure to ensure a continuous supply of material to the machine, and point out the techniques used? | | |

Field Examiner Signature (Rig): _____

Start Time: _____ End Time: _____

| | | Yes | No |
|---|--|-----|----|
| 6 | Demonstrate how to rebuild the plural component spray gun? | | |

Field Examiner Signature (Gun Rebuild): _____

Start Time: _____ End Time: _____

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4. Application (CC 45% weighting)

Scope: Prep area for PPE which is required at Station 4 Demonstration of application of spray polyurethane foam to specific thickness with proper pattern/distance and mix.

Did the candidate do the following:

| | | Yes | No |
|----|--|-----|----|
| 1 | Demonstrate how to spray a test pattern and describe how the test is used to verify proper mix and pattern? | | |
| 2 | Demonstrate spraying with the gun at the proper distance from substrate? | | |
| 3 | Demonstrate the ability to spray without having gaps or voids in the foam. Demonstrate how to check for gaps or voids? | | |
| 4 | Demonstrate ability to spray an average 1" thickness . Plus/minus 1/4" tolerance? | | |
| 5 | Demonstrate ability to spray an average of 3" thickness . Plus/minus 3/4" tolerance? | | |
| 6 | Demonstrate uniform surface texture? | | |
| 7 | Demonstrate how to use a probe to check depth and measure surface uniformity? | | |
| 8 | Explain how to seal the resulting hole? | | |
| 9 | Demonstrate the ability to spray a pass no more than 1 1/2" or less than 1/2" in thickness? | | |
| 10 | Demonstrate how to verify adhesion at stud/wall junctures to ensure adhesion? | | |

Field Examiner Signature (Spray Foam): _____

Start Time: _____ End Time: _____

| | | Yes | No |
|----|--|-----|----|
| 11 | Demonstrate how to wear proper PPE for trimming? | | |
| 12 | Demonstrate how to trim back closed cell foam that has been sprayed beyond the stud profile? | | |

Field Examiner Signature (Trimming): _____

Start Time: _____ End Time: _____

| | Yes | No | |
|----|---|----|--|
| 13 | Demonstrate the ability to apply the liquid thermal barrier at a specified mil thickness over a given area? | | |

Field Examiner Signature (Thermal Barrier): _____

Start Time: _____ End Time: _____

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5. Start-up/Shutdown (CC 10% weighting)

Scope: Demonstration of the proper way the start-up/shut-down of equipment and the jobsite.

Did the candidate do the following:

| | | Yes | No |
|---|---|-----|----|
| 1 | Demonstrate proper equipment start up procedures for the generator, compressor, air dryer, transfer pumps, proportioner, hoses and gun? | | |
| 2 | Demonstrate procedures for adjusting heat and pressure on the spray machine? | | |
| 3 | Show how to troubleshoot a pressure imbalance on the spray machine? | | |
| 4 | Explain how to use equipment error codes to troubleshoot problems on the machine? | | |
| 5 | Demonstrate proper procedure for shut down to park the equipment? | | |
| 6 | Demonstrate proper procedure for shut down of the heaters A-B and hose? | | |
| 7 | Demonstrate proper procedure for shut down of the air compressor? | | |
| 8 | Demonstrate proper procedure for shut down of the main power? | | |
| 9 | Demonstrate proper procedure for end of job shut down? | | |

Field Examiner Signature: _____

Start Time: _____ End Time: _____

| | | Yes | No |
|----|--|-----|----|
| 10 | Demonstrate proper procedure for end of day shut down? | | |

Field Examiner Signature: _____

Start Time: _____ End Time: _____

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COMMENTS:

The signatures on previous pages confirms that the Field Examiner (s) have conducted the field examination as per the Field Examination Process developed by the SPFA PCP (as updated from time to time) and do not have conflict of interest with the candidate, or have not provided private or individual training since the SPFA PCP first offered training in November 2012. I/we do solemnly declare; that to the best of my / our knowledge, this is true and correct and I make this solemn declaration conscientiously believing it to be true and I / we hereby acknowledge and agree that it is binding and of the same force and effects as if made under oath. I / we hereby authorize SPFA PCP to verify the information provided as needed.