

This form must be filled out and provided to the homeowner and/or builder.

The following HBS spray polyurethane foam product(s) has/have been installed:

Product Name : _____

Amount : _____

Lot # : _____

Installation adheres to the following code:

- IECC 2021
- Energy Star 3.1.11
- DOE ZERH 1.7

Area Insulated	Aged R-Value	Thickness**	
Vented Attic Floor Area	R-	At	inches
Unvented Attic/Under Roof Deck Insulation	R-	At	inches
Sloped Ceilings / Cathedral Ceilings	R-	At	inches
Walls (Location: _____)	R-	At	inches
Walls (Location: _____)	R-	At	inches
Floors (over an unheated crawl space)	R-	At	inches
Crawl Space Perimeter	R-	At	inches
Basement Walls	R-	At	inches
Other (Location: _____)	R-	At	inches

**Nominal thicknesses are representative of field, spray-applied foam material.

Jobsite Address: _____ Date of Installation: _____

Homeowner/Builder: _____

HBS Contractor: _____ Phone: _____

Installed By: _____