

# HEALTH & SAFETY

Safe handling practices during and immediately following installation of spray foam insulation are required to eliminate the possibility of health effects from exposure to isocyanates. Asthma, other lung problems, and irritation of the nose and throat can result from inhalation of isocyanates. Direct contact with the skin and eyes can result in irritation. Different individuals will react differently to the same exposures; some will be more sensitive than others.

Everyone (including pets) other than installer(s) should vacate the job site/premises and remain completely out of the building while the spray foam insulation is applied and for at least the re-occupancy period listed here after spraying is completed. **No exceptions.**

Installer(s) and anyone else present during spraying or within the re-occupancy period, please refer to product technical data sheet and safety data sheet for required Personal Protective Equipment (PPE) which may include full-body-coverage, chemical-protective clothing and a NIOSH-certified respirator with fresh air supply. **No one is allowed on the job site/premises or in the building without the required PPE.**

Adequate active, negative pressure ventilation (exhaust fans) of the job site must be utilized by installer if provided for in the applicable technical documentation.

 <b>WARNING</b>	
	<b>WEAR PROPER PERSONAL PROTECTIVE EQUIPMENT AT ALL TIMES ON JOB SITE/PREMISES DURING SPRAYING AND WITHIN THE CORRESPONDING RE-OCCUPANCY LISTED HERE AFTER SPRAY IS COMPLETE</b>

 <b>WARNING</b>	
	<b>STAY OUT OF JOB SITE/PREMISES WHILE FOAM IS SPRAYED AND FOR THE CORRESPONDING RE-OCCUPANCY LISTED HERE AFTER SPRAYING IS COMPLETE</b>

## JOB INFORMATION (To Be Completed by Installer)

PRODUCT SPRAYED: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

VENTILATION RATE: \_\_\_\_\_

RE-ENTRY PERIOD: \_\_\_\_\_

RE-OCCUPANCY PERIOD: \_\_\_\_\_

## INSTALLER INFORMATION (To Be Completed by Installer)

COMPANY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## OWNER ACKNOWLEDGMENT

(To Be Completed by Installer & Signed by Owner)

NAME: \_\_\_\_\_

BUILDING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/PROVINCE: \_\_\_\_\_

ZIP/POSTAL CODE: \_\_\_\_\_

☐ I have read and understand the information on this document. I understand that I must vacate the job site/premises during spraying and for at least the re-occupancy time listed above after spraying has been completed.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_