

DAILY JOB SITE REPORT

FLUID APPLIED AIR BARRIER ASSEMBLY

866.956.5888 | abaa@airbarrier.org | www.airbarrier.org

Crew # ____ of ____

Job Site Report# _____

Date: _____

PROJECT INFORMATION

PROJECT NAME: _____

AIR BARRIER CONTRACTOR: _____

ABAA CONTRACTOR LICENSE # _____

INSTALLER NAME	CERTIFICATION LEVEL (1, 2, 3)	CERTIFICATION #	EXPIRATION DATE

SUBSTRATE TYPE: _____ SUBSTRATE TEMPERATURE: ____°F AMBIENT TEMP: ____°F

SUBSTRATE MOISTURE CONTENT: _____ RELATIVE HUMIDITY: ____%

SUBSTRATE SURFACE CONDITIONS AND PREPARATION REQUIRED: _____

SUBSTRATE CONDITIONS ACCEPTABLE FOR APPLICATION OF AIR BARRIER: YES ☐ NO ☐

MATERIAL INFORMATION

PROJECT MATERIALS	MANUFACTURER NAME	PRODUCT NAME	BATCH#
PRIMARY AIR BARRIER (AB)			
AB PRIMER			
TRANSITION MATERIALS (TM)			
TM PRIMER			
MASTIC/SEALANT			
OTHER (MESH, LIQUID FLASHING, ETC.)			

ARE ALL MATERIALS BEING INSTALLED LISTED IN PROJECT SPECIFICATION? YES ☐ NO ☐

IF NO, HAVE ALL MATERIALS BEEN APPROVED FOR USE BY OWNER OR ARCHITECT? YES ☐ NO ☐

ARE ALL MATERIALS BEING INSTALLED PER MANUFACTURER SPECIFICATION? YES ☐ NO ☐

ARE ALL MATERIALS BEING INSTALLED COMPATIBLE (PHYSICAL & CHEMICAL) WITH EACH OTHER PER MANUFACTURER? YES ☐ NO ☐