

DAILY JOB SITE REPORT
FLUID APPLIED AIR BARRIER ASSEMBLY

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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