

SPFA PCP MASTER INSTALLER FIELD EXAM - ROOFING

Candidate Name:

Company Name:

Address:

SPFA PCP Certified Field Examiner Name:

Date: _____ **Time Started:** _____ **Time Finished:** _____

Please be sure to read the current handbook posted at www.sprayfoam.org for full description of Field Examination. Important to note that the Candidate is expected to demonstrate every item listed on this form. If an object (i.e. vent, chimney, recessed light fixture) is not available, a mock up is permitted to be used to demonstrate what an applicator must do when such an object is present on a jobsite.

Please answer yes (Y) No (N) to the following questions during the field examination:

| 1. Documentation and PPE (20 % 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 | N/A |
| 1 | Identify and locate safety checklist for project? | | | |
| 2 | Properly fill in a pre-construction meeting form? | | | |
| 3 | Show the Job Fact Sheet (recording all activities, weather conditions, materials used, amount of work completed, visitors, special circumstances?) | | | |
| 4 | Show the daily log? | | | |
| 5 | Show Quality Control procedures/log? | | | |
| 6 | Demonstrate filling out a daily report including Batch #s, etc.? | | | |
| 7 | Demonstrate completing a roof sketch? | | | |
| 8 | Show where the MSDS sheets are located for each material being installed? | | | |
| 9 | Explain what type of information is in each section of the MSDS sheets? | | | |
| 10 | Show the filter change out schedule/log? | | | |
| 11 | Show where emergency numbers are posted? | | | |
| 12 | Show the temperature range that is recommended for the product? | | | |
| 13 | Demonstrate a tool box talk/safety briefing? | | | |
| 14 | Demonstrate the proper respiratory PPE? | | | |
| 15 | Demonstrate the proper eye PPE? | | | |
| 16 | Demonstrate the proper hand PPE? | | | |
| 17 | Demonstrate the proper protective clothing PPE? | | | |
| 18 | Demonstrate the proper footwear PPE? | | | |
| 19 | Demonstrate the proper PPE that should be used for the specific coating being installed? | | | |
| 20 | Demonstrate how to wear proper PPE for trimming? | | | |

Candidate: _____

Exam Date: _____

| 2. Pre-Application (20 % 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 | N/A |
| 1 | Show where safety and warning signs are located at the jobsite? | | | |
| 2 | Show that all heat producing devices and ventilation systems are disabled, sealed and protected from exposure to SPF and from accidental powering on during spray and ventilation periods? | | | |
| 3 | Show the location of power sources and equipment that should be locked and tagged out? | | | |
| 4 | Demonstrate the proper lockout and tag out procedure? | | | |
| 5 | Show locations of fire extinguishers, confirm inspection date is current, correct type and qty? | | | |
| 6 | Demonstrate how to properly set up both an extension and a step ladder? | | | |
| 7 | Show areas on the project where fall protection will be required and demonstrate how to check each for safe setup and use? | | | |
| 8 | Demonstrate how to check the substrate temperature and record that information on the daily job log? | | | |
| 9 | Demonstrate how to check the moisture level on/in the substrate? | | | |
| 10 | Demonstrate that the substrate is properly prepared and is clean, dry and free of dust, loose scale or rust, oil or ice (indicate new or retrofit, and if wood, metal, concrete or masonry)? | | | |
| 11 | Demonstrate proper masking procedures? | | | |

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| 3. Equipment/Rig (10 % 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 | N/A |
| 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 | Demonstrate 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? | | | |
| 6 | Demonstrate how to rebuild the plural component spray gun? | | | |

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| 4. Application (35 % 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 | N/A |
|--|---|-----|----|-----|
| 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 how to apply foam in a uniform manner and to a specified thickness plus/minus 1/4"? | | | |
| 4 | Demonstrate how to use a probe to check depth and measure surface uniformity, and explain how to seal the resulting hole? | | | |
| 5 | Demonstrate the ability to spray a pass no more than 1 1/2" or less than 1/2" in thickness? | | | |
| 6 | Demonstrate how you conduct an inspection to ensure adhesion? | | | |
| 7 | Demonstrate they can spray coatings in straight lines and overlap in proper spray pattern? | | | |
| 8 | Demonstrate the ability to spray a specified mil thickness over a given area? | | | |
| 9 | Demonstrate the proper coating termination at details? | | | |
| 10 | Demonstrate how to install granules, as applicable? | | | |

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| 5. Start-up/Shutdown, Testing, Repair (15% weighting) | | | | |
|---|---|-----|----|-----|
| Scope: Demonstration of proper way to start-up, adjust, shut-down, test equipment and blister repair procedures. | | | | |
| Did the candidate do the following: | | Yes | No | N/A |
| 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 | Show 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 procedures? | | | |
| 10 | Demonstrate how to take and repair a core sample? | | | |
| 11 | Demonstrate how to take and repair a slit sample? | | | |
| 12 | Demonstrate they know how to use an optical comparator to read dry film thickness? | | | |
| 13 | Demonstrate how to repair a less than 4" blister? | | | |
| 14 | Demonstrate how to repair a more than 4" blister? | | | |
| 15 | Show how to change the tip in a coating sprayer? | | | |
| 16 | Demonstrate how to clean the coating sprayer after use? | | | |

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| | |
|--|-------|
| COMMENTS: | |
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| | |
| Is the candidate aware of areas that require improvement? | |
| Does the candidate have a plan of action to correct his/her deficiencies? | |
| | |
| | |
| I, _____ confirm that I 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 do solemnly declare; that to the best of my knowledge, this is true and correct and I make this solemn declaration conscientiously believing it to be true and I hereby acknowledge and agree that it is binding upon me and of the same force and effects as if made under oath. I hereby authorize SPFA PCP to verify the information provided as needed. | |
| SPFA PCP Field Examiner Signature: | Date: |
| Please forward this form to: | |
| SPFA PCP 1050 Connecticut Avenue NW, Suite 500, Washington, DC 20036 FAX: 866-242-5000 | |