



Profill Open Cell Insulation Certificate

Date Installation completed _____

Application Contractor _____
(Company Name)

Address _____

City/State/Zip _____ Phone # _____

Project/Building Name _____

Building Address _____

City/State/Zip _____

Indicate areas insulated -

Stud Wall Average thickness _____ R-Value _____

Ceiling insulation Average thickness _____ R-Value _____

Roof Deck insulation Average thickness _____ R-Value _____

Crawl Space subfloor Average thickness _____ R-Value _____

Garage Ceiling Average thickness _____ R-Value _____

Other Areas insulated _____

I (print name) _____ as an Independent contractor, certify that the Profill open cell insulation installed on this project was applied in accordance with the Profoam recommendations and specifications as stated on the product data sheet and the Profill Application Specifications in the amount as indicated on this certification.

_____ (signed) Date _____

Profill 12-008 System R-Value Chart

Thickness	R - Value
1"	3.7
2"	7.6
3"	11
3.5"	13
5"	19

Thickness	R - Value
5.5"	21
6"	22
7"	27
7.25"	28
8"	31

Thickness	R - Value
9"	34
10"	38
11"	42
11.25"	43
12"	46

