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NATURAL POLYMERS™

NATURAL POLYMERS™ ATTIC CARD

THIS FORM MUST BE FILLED OUT AND POSTED TO COMPLY WITH BUILDING CODE REQUIREMENTS SHOWING THAT IT MEETS IRC SECTIONS N1101.3, N1101.41, N1101.8 REQUIREMENTS.

The following spray applied polyurethane products have been installed by the manufacturer’s specifications in accordance with IAPMO ER reports listed. Please reference the International Building Code, Chapter 26 Plastic and International Residential Code IRC R314 Foam Plastics for specific requirements.

- Natural-Therm™ 0.50 Open Cell Spray Foam Insulation (ER-336)
- Natural-Therm™ 0.50 IB Open Cell Spray Foam Insulation (ER-503)
- Natural-Therm™ Light Open Cell Spray Foam Insulation (ER-589)
- Natural-Therm™ Zero Spray Foam System (ER-527)
- Natural-Therm™ 2.0 IBS Closed Cell Spray Foam Insulation (ER-336)
- Natural-Therm™ 2.0 IBW Closed Cell Spray Foam Insulation
- Natural-Therm™ 2.0 HFO IBS Closed Cell SPF (ER-714)
- Natural-Therm™ 2.0 HFO IBW Closed Cell SPF (ER-336)
- Ultra-Pure® OC Open Cell Spray Foam Insulation (ER-801)
- Ultra-Pure® CC Closed Cell Spray Foam Insulation (ER-800)

Please reference the International Building Code, Chapter 26 Plastic and International Residential Code IRC R314 Foam Plastics for specific requirements.

INSULATED AREA ¹	PRODUCT INFORMATION (MANUFACTURER AND PRODUCT ID) ²	LISTING IDENTIFICATION ³	INSTALLED FOAM THICKNESS ⁴	R-VALUE AT INSTALLED THICKNESS
Attic Floor				
Underside of Roof Deck				
Attic Walls (vertical surfaces, knee walls, etc.)				
Sloped (Cathedral) Ceilings				
Above-grade Walls Location: _____				
Above-grade Walls Location: _____				
Below-grade Walls (interior)				
Below-grade Walls (exterior)				
Floors (over unheated crawlspaces, garage, etc.)				
Crawlspace Perimeter				
Below Slab				
Other (describe): _____				
Other (describe): _____				

1. If the area is not insulated, enter NONE under product information. If area does not exist, enter N/A under product information.
2. You must include the manufacturer and product name, and you should include the batch or lot number, if available.
3. Include the Listing Identification as provided on the product label.
4. Nominal thicknesses are representative of field, spray-applied foam material.

Job Site Address: _____

Date of Insulation: _____

Building Contractor: _____

Insulation Contractor: _____

Phone: _____

Lead Installer Name (Signature required): _____

Post This Near Electrical Panel or Attic Access