



NATURAL  
POLYMERS™

# NATURAL POLYMERS™ INSULATION 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.

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|--|--|
| <input type="checkbox"/> Natural-Therm™ 0.50 Open Cell Spray Foam Insulation (ER-336)      | <input type="checkbox"/> Natural-Therm™ 2.0 HFO IBS Closed Cell SPF (ER-714)       |
| <input type="checkbox"/> Natural-Therm™ Light Open Cell Spray Foam Insulation (ER-589)     | <input type="checkbox"/> Natural-Therm™ 2.0 HFO IBW Closed Cell SPF (ER-714)       |
| <input type="checkbox"/> Natural-Therm™ Zero Spray Foam System (ER-527)                    | <input type="checkbox"/> Ultra-Pure® OC Open Cell Spray Foam Insulation (ER-801)   |
| <input type="checkbox"/> Natural-Therm™ 2.0 IBS Closed Cell Spray Foam Insulation (ER-336) | <input type="checkbox"/> Ultra-Pure® CC Closed Cell Spray Foam Insulation (ER-800) |
| <input type="checkbox"/> Natural-Therm™ 2.0 IBW Closed Cell SPF (ER-336)                   |  |

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

INSULATED AREA <sup>1</sup>	PRODUCT NAME <sup>2</sup>	LOT NUMBER <sup>3</sup> (A-SIDE/B-SIDE)	INSTALLED FOAM THICKNESS <sup>4</sup>	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.

3. Include the lot number for both the A-side and B-side.

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**

Pub. No. 10026537-B. Printed in U.S.A. November 2024.  
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