

# JM Climate Pro<sup>®</sup> A1100 Fiber Glass Blowing Wool

Your home has been professionally insulated to provide superior thermal resistance.

Homeowner's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## RECORD OF INSTALLATION

BLOWING WOOL		BATTS AND ROLLS		
<input type="checkbox"/> New Construction	If Retrofit:	<b>R-VALUE</b>	<b>THICKNESS</b>	<b>AREA INSULATED</b>
<input type="checkbox"/> Retrofit	Depth of Previous Insulation _____ in.	Ceilings	_____ in.	_____ sq. ft.
Number of bags used _____	Estimated R-value of Previous Installation _____	_____	_____ in.	_____ sq. ft.
Area Insulated _____ sq. ft.	Types of Previous Insulation in Attic _____	Walls	_____ in.	_____ sq. ft.
Thickness of Insulation _____ in.		_____	_____ in.	_____ sq. ft.
R-value of Insulation _____		Floors	_____ in.	_____ sq. ft.
		_____	_____ in.	_____ sq. ft.

## CLIMATE PRO A1100 INSULATION

R-VALUE (HR•SQ.FT.°F/BTU)	*MINIMUM INSTALLED THICKNESS (IN.)	SETTLED THICKNESS (IN.)	SETTLED THICKNESS (IN.)	BAGS PER 1,000 SQ.FT.	** MAXIMUM NET COVERAGE (SQ.FT./BAG)
To obtain insulation resistance (R) of:	Installed insulation shall not be less than:	Expected thickness after long-term settling has occurred:	Weight per sq.ft. of installed insulation shall not be less than:	Minimum number of bags per 1,000 sq.ft. of net area shall not be less than:	Contents of this bag shall not cover more than:
13	4.75	4.75	0.173	5.4	184.6
19	7.00	7.00	0.256	8.0	125.0
22	8.00	8.00	0.301	9.4	106.3
26	9.25	9.25	0.357	11.2	89.6
30	10.50	10.50	0.416	13.0	77.0
38	13.25	13.25	0.534	16.7	59.9
44	15.00	15.00	0.631	19.7	50.7
49	16.75	16.75	0.711	22.2	45.0
60	20.00	20.00	0.895	28.0	35.8

\* Determined using a Unisul Volu-Matic III blowing machine. The machine was set up in 3rd gear, with a 75% open gate and a 3" hose, blowing the wool out in a 10 ft. arc.

\*\* Coverage without framing.

Insulation Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Home Builder Signature \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_



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