

HOMEOWNER _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BLOWING WOOL

	R-VALUE	THICKNESS	COVERAGE AREA	NUMBER OF BAGS USED
Ceilings		in.	sq. ft.	
		in.	sq. ft.	
Walls		in.	sq. ft.	
		in.	sq. ft.	
Floors		in.	sq. ft.	
		in.	sq. ft.	

CLIMATE PRO CAVITY WALL (SIDEWALL) COVERAGE CHART

THERMAL RESISTANCE To obtain insulation resistance of:	CAVITY DEPTH Insulation Thickness	DENSITY OF INSULATION Installed insulation shall not be less than:	MAXIMUM COVERAGE Contents of the bag shall not cover more than:	MINIMUM WEIGHT Weight should not be less than:
R-value	Inches	LB/FT ³	FT ²	LB/FT ²
39	9.25	2.0	20.8	1.54
31	7.25	2.0	26.5	1.21
24	5.50	2.0	34.9	0.92
16	3.50	2.2	49.9	0.64
38	9.25	1.5	27.7	1.16
30	7.25	1.5	35.3	0.91
23	5.50	1.5	46.5	0.69
15	3.50	1.5	73.1	0.44

**This is coverage of unframed areas. Framing correction based on 16"oc=9% framing; 24"oc=6% framing.*

INSULATION CONTRACTOR SIGNATURE _____ DATE _____

COMPANY _____ ADDRESS _____ PHONE _____

HOME BUILDER SIGNATURE _____ DATE _____

COMPANY _____ ADDRESS _____ PHONE _____