Form 13.1 Encapsulant Patch Test Documentation

Name of Person Performing Patch Test _____

License or Certificate Number (If Applicable) _____

Complete Address of Dwelling _____

Date Patch Test Applied _____Curing Time_____

Date of Patch Test Evaluation_____

Temperature During Application and Curing _____

Humidity During Application and Curing _____

Room	Surface Location	Substrate	Type of Patch Test (X-cut or Adhesive Wallboard)	Surface Preparation	Name and Formulation of Encapsulant	Observations	Pass/ Fail