Questions? Problems? Call 702-455-5942	Surface Coating Log																														
Source ID#:																	small business assistance														
Source Name:																			Ye	ear:											
	Date																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		18	19	20	21	22	23	24	25	26	27	28	29	30	31
Initials of employee doing inspection																															
For yes or no questions, enter a "Y" in each box if no problem is found that day. Enter an "N" if there is a problem. If you enter an "N," explain the problem and corrective actions taken below.																															
	Booth																														
Did spray booth operate today?																															
Does 2" of exhaust filter media with 98% capture efficiency cover all openings?																															
Is the booth free of physical damage (holes or leaks) or malfunction?																															
With booth in operation, record the pressure gauge reading (inches of water																															
column pressure). If the pressure reading was																												<u> </u>	<u> </u>		
greater than 0.25 inch of water was the filter changed?																															
Was the filter changed?															<u> </u>																
Was surface coating equipment cleaned properly?																															
Are all VOC-containing storage containers closed when not in use?																															
Are all containers in good condition? No leaking?																															
Record the hours of operation of the booth heater (if																															
required)?	I	1	I		I	<u> </u>	I	I		lor+:6	vina	 			م م م	aitiala	I	l	1	L	1	I	I	I		I	<u> </u>	<u> </u>			
Employee name									ials	employee name and initials Employee name Initials Employee name											Initials										
						C	omm	ents	/Rep	airs/I	Votes	s (Att	ach a	dditi	onal	shee	ts if r	neces	sarv)												