

WORK ORDER # _____ PERMIT # _____ TEST EQUIP.: _____ S/N (M&TE) _____ CAL DUE DATE: _____

QC INSPECTOR _____ PAINTER: _____ TEST EQUIP.: _____ S/N (M&TE) _____ CAL DUE DATE: _____

		DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
Ambinet Conditions		Time	Time	Time	Time	Time	Time	Time	Time
Air Temperature	F								
Wet Bulb Temperature	F								
Relative Humidity	F								
Steel Temperature	F								
Dew Point	F								

Abrasive Blasting

Type/Grade of Abrasive _____ Specification Standard _____

Anchor Profile Measurements	Minimum	Maximum	Required	Hrs. left Uncoated	Comments

Coatings

Coat #	Paint Manufacturer's Name and Description	Batch Number	Application Method	Color	DFT Before this coat	WFT Measurement	Min	Max	DFT Measurements	Min.	Max.
1.											
2.											
3.											
4.											
5.											
6.											

Comments: _____

