

SHOP AUDIT



SHOP INFORMATION

SHOP NAME _____ CONTACT NAME _____

ADDRESS _____ PHONE _____

_____ FAX _____

INTERNET ACCESS Y / N WIRELESS Y / N MOBILE _____

DISTRIBUTOR _____ E-MAIL _____

AUDIT PERFORMED BY _____ DATE _____ WEB-SITE _____

OTHER

NUMBER OF TECHNICIANS: BODY _____ PAINT _____

NUMBER OF CARS PER DAY: _____

CURRENT PAINT SYSTEM _____ HOW LONG _____

SPRAY EQUIPMENT	STAINLESS STEEL	Y / N	NUMBER OF SPRAY BOOTHS	_____	
	DEDICATED WATER GUN(S)	Y / N	SPRAY BOOTH TYPE: DOWNDRAFT	CROSSDRAFT	AGE _____
	DISPOSABLE CUP SYSTEM	Y / N	SPRAY BOOTH TYPE: DOWNDRAFT	CROSSDRAFT	AGE _____
	SPRAYOUT CARD LIBRARY	Y / N	SPRAY BOOTH TYPE: DOWNDRAFT	CROSSDRAFT	AGE _____
	H2O GUN WASHER	Y / N	SPRAY BOOTH TEMPERATURE	MIN: _____ MAX: _____	
	H2O WASTE STORAGE	Y / N	SPRAY BOOTH HUMIDITY	_____	

MIXING ROOM TEMPERATURE MIN: _____ MAX: _____

SHOP TEMPERATURE MIN: _____ MAX: _____

THERMOMETER/HUMIDITY GAUGE IN BOOTH Y / N

COMPRESSOR IIP: _____ AGE _____

SEPARATE SUPPLY FOR PAINT SHOP Y / N

AIR LINES: LOOPED Y / N

HI-FLOW FITTINGS Y / N

HUMIDITY _____

AIR DRIER Y / N

AIR FILTRATION: DESICCANT Y / N

SUPPLEMENTAL AIR MOVERS

CORNER	Y / N
CEILING	Y / N
TREES	Y / N
HAND HELD	Y / N

BOOTH AIR FLOW FPM (with Anemometer)

FRONT _____ REAR _____

LEFT SIDE _____ RIGHT SIDE _____

RECOMMENDATIONS
