

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
