

Daily Report

Date ____/____/____



<u>Job Name or Number:</u>	<u>Employee Name:</u>
<u>Total Pump Hours:</u>	<u>Total length of removal:</u>

<u>Removal Type:</u>	<u>If Paint How many layers:</u>
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<u>Consumable Used and Quantity:</u>	
<u>Nozzles:</u>	<u>Swivel seals:</u>
<u>Brass Backups:</u>	<u>Debris Bags:</u>
<u>Cartridge Filters:</u>	<u>Bag Filters:</u>
<u>Packings:</u>	<u>Brushes:</u>
<u>Spray Bar Protectors:</u>	

<u>Job Summary:</u>

*******Please make a concerted effort to only run the pump while blasting as these start and stop times will directly impact the overall production rates and skew the data*******