

Date: _____ (mm/dd/yy)

Spray Gun ID: _____

Inspector: _____

Y N STATUS

Clean

Functioning Properly
(Air Cap Clean, No fluid leaks, No air leaks, No parts missing, etc.)

Y N SETTINGS

Fluid Volume
(Spacer Present / Lock Nut in Place)

Atomization Air Pressure
(per standard established for facility)

Spray Pattern
(per standard established for facility)

Notes / Actions
