



Date:	
Clients Name:	
Clients Address:	
Company Name:	
Company Address:	
ABN & Licence No:	
Painters Name:	
Areas Coated:	

Environmental Conditions:	Start of shift	Midday	End of shift
Air Temperature:			
Relative Humidity:			
Surface Temperature:			
Dew Point:			
Surface Temp Differential:			
OK to Paint Y/N:			

Surface Preparation:			
Surface Washed:		With:	
Surface Filled:		With:	
Surface Sanded:		With:	
Surface Primed:		With:	
Other:			

Products Used:

Product Name:	Product Number:	Batch No:	Colour:

Coating Thickness:

Item / Location:	Target DFT:	WFT:	DFT:

Inspector Name: _____
 Inspector Signature: _____