



Reading Technologies, Inc.

Advanced Air System Technology SM



Compressed Air Audit

Company Name: _____ Date: _____
 Address: _____ Jobber: _____
 City, State, Zip Code: _____ MGR/Owner: _____
 Phone: _____ Lead Painter: _____
 Fax: _____ Paint Brand: _____

Mixing Equipment? Y N Paint Company Warranty Program? Y N

Air Compressor:

Piping, Hoses, and Couplers:

Size (HP) _____ Material Type _____ Hose Size 1/4" 5/16" 3/8"
 Tank (Gal) _____ Size _____ Coupling &
 Type _____ Slope Y N _____ Fitting Size: 1/4" 3/8"
 ACFM _____ No. of Drain/Drops _____ Filtered? Y N
 Drained? Y N When _____ System: **Dead End** or **Loop**
 How Often? _____ ACFM requirements? _____

Filters:

Brand

Refrigerated Dryer	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Dew Point _____	After Cooler?	<input type="checkbox"/> Y <input type="checkbox"/> N
Air Control Units	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Drained? <input type="checkbox"/> Y <input type="checkbox"/> N	How Often?	_____
Filter Elements	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Date of Last Change?	How Often?	_____
Desiccant Dryers	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Date of Last Change?	How Often?	_____
Gun Filters	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	Date of Last Change?	How Often?	_____

Air Tests:

Location: _____	Location: _____
Compressed Air Temp.: _____	Compressed Air Temp.: _____
Compressed Air Humidity: _____	Compressed Air Humidity: _____
Contaminants? <input type="checkbox"/> Y <input type="checkbox"/> N	Contaminants? <input type="checkbox"/> Y <input type="checkbox"/> N
Type? _____	Type? _____
Air Flow Test (Pass/Fail): <input type="checkbox"/> Y <input type="checkbox"/> N	Air Flow Test (Pass/Fail): <input type="checkbox"/> Y <input type="checkbox"/> N

Recommendations:

Representative: _____
 Date: _____

Authorized and trained by



Gun Doc Hub