

Preventive Checklist

Paint Booth

Schedule for Calendar Year _____

Description of Item Checked	Interval	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Filters Checked	<i>Monthly</i>													
Filters Changed*	<i>As Needed</i>													
<i>Desiccant Dryer Indicator Checked</i>	<i>Monthly</i>													
<i>Desiccant Changed</i>	<i>As Needed</i>													
<i>As required, record any unscheduled maintenance of equipment below.</i>												Corrective Action Number		
<i>Name of Individual</i>	<i>Details of Maintenance Performed</i>													

*All filter changes will be accomplished as the *manometer* indicates restricted airflow.