



ABRASIVE BLASTING EQUIPMENT

INSTRUCTIONS: *Complete one form for each abrasive blast pot.*

Organization Name: _____

EQUIPMENT INFORMATION

Abrasive pot mfg: _____ Model: _____ Size: _____

Compressor mfg: _____ HP rating: _____ Fuel type: n.g. electrical
(Complete a Fuel Combustion Process form for all internal combustion engines) diesel other: _____

Blast nozzle mfg: _____

Method of propelling abrasive: compressed air centrifugal force
 high pressure other (specify) _____

Abrasive used:	Amount	Manufacturer	ARB approved?	Reclaim for reuse?
_____	_____ lbs	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____ lbs	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Objects blasted: equipment/tools mobile equipment (trucks, cars, heavy equipment)
 architectural (buildings) tanks other: _____

Blaster operating hours: _____ hours/day _____ days/week _____ days/year

Blasting environment: outdoors confined space **(If confined space, complete the following section)**

CONFINED SPACE BLASTING INFORMATION

Is an abrasive booth used? no yes **(Attach a copy of manufacturer's brochure or data sheet)**

Manufacturer: _____ Model No. _____

Room/booth dimension (ft.): _____ L x _____ W x _____ H Wall material: fabric shroud
 solid other: _____

Exhaust stack? yes no
If yes Rain cap yes no Direction exhaust tack points: up down sideways
Flapper-type cap: yes no Stack diameter: _____ in. Other: _____ X _____ in.
Exhaust fan capacity: _____ cfm Fan rating: _____ HP Exhaust height above ground: _____ ft.

Control equipment: Control efficiency: **(Attach manufacturer's data sheet verifying control efficiency)**
 baghouse _____ %
 scrubber _____ %
 filters _____ % other (specify): _____ efficiency _____ %

(APCD use only)

Application No.	_____
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