ESSEX REGIONAL HEALTH COMMISSION

204 Hillside Avenue, Livingston, NJ 07039

Telephone 973-251-2059 Fax 973-251-2779

EQUIPMENT INVENTORY SECTION

SPRAY BOOTH#	NJDMV#:
GALLON PER HR:	GALLONS PER DAY: VOC CONTENT OF PAINT USED:
SPRAY BOOTH TYPE:	SPRAY BOOTH INSTALLATION DATE:
SPRAY BOOTH NJDEP P/C	T: SPRAY BOOTH NJDEP EXP DATE:
SPRAY BOOTH BAKE CYCLE BO	OILER RATING (BTu):
SPRAY BOOTH #2	NJDMV#:
GALLON PER HR:	GALLONS PER DAY: VOC CONTENT OF PAINT USED:
SPRAY BOOTH TYPE:	SPRAY BOOTH INSTALLATION DATE:
SPRAY BOOTH NJDEP P/CT: SPRAY BOOTH NJDEP EXP DATE:	
SPRAY BOOTH BAKE CYCLE BOILER RATING (BTu):	
FUEL BURNING EQUIP	MENT
BTU/HR	GPH NJDEP PT/C NJDEP P/CT FUEL TYPE Annual Consumption EXP DATE
Check Type:	Boiler Hot Water Heater Spaceheaters/HVACs Emergency Generator
Check Type	Boiler Hot Water Heater Spaceheaters/HVACs Emergency Generator