FORM CB100
CONFINED ABRASIVE BLASTING

1. COMPANY NAME: _____

2. BOOTH/CABINET MANUFACTURER, MODEL NUMBER, AND SERIAL NUMBER:

_____

3. INTERNAL DIMENSIONS OF BOOTH/CABINET: _____WIDE X _____HIGH X _____DEEP

4. EXHAUST CONTROL:

   DUST COLLECTOR TYPE: _____ BAGHOUSE _____CYCLONE _____OTHER

   DIMENSIONS/FILTER CLOTH AREA: _____

   AIR FLOW (CFM):_____

5. HORSEPOWER: BLASTING POT _____ BLOWER _____

   SHAKER _____ MISC. _____

6. USUAL OPERATING SCHEDULE OF THIS EQUIPMENT: HOURS/DAY _____

   DAYS/WEEK _____

   WEEKS/YEAR _____

7. TYPE OF ABRASIVE USED: _____

8. AMOUNT OF ABRASIVE USED: LBS/HOUR _____

   TONS/YEAR _____

9. USED ABRASIVE DISPOSAL METHOD: _____

_____