

Top Gun Pressure Washing
Graffiti Inspection Form

Date: _____ Print name of Inspector: _____ DIV: _____

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

1) Is the job being cleaned properly? YES NO

2) Are there any areas that were missed? YES NO

Explain: _____

3) Is the set up good for water collection? YES NO

Explain: _____

4) Were dikes, pumps, & booms used to collect water? YES NO

5) Are there any additional areas needing cleaned? YES NO

6) What type of surface is being cleaned? _____

7) What type of graffiti was used? _____

8) What color of graffiti was used? _____

9) Was there a prior removal attempted? _____

10) Was there any scarring from prior removal? YES NO

11) Was the cleaning successful? YES NO

12) Is there a return to clean again needed? YES NO

13) Plan of action!

14) Were pictures taken at this location? YES NO

Important notes for management that need attention:

Manager Name (Print): _____

Manager Signature: _____