



Commercial, LLC

COATINGS - SEALANTS - VWC - EPOXY SYSTEMS

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Mil Thickness Report

JOB NAME:	DATE:	INSPECTION TYPE: Inprocess (WFT) <input type="checkbox"/> Final (DFT) <input type="checkbox"/>
	CREW LEADER:	NAME OF INSPECTOR:

DESCRIBE COATING SYSTEM:	WFT REQUIRED:
	DFT REQUIRED:

DESCRIBE AREA(S) BEING TESTED:

INITIAL READING:	TIME:
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READING # 2	TIME:
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READING # 3	TIME:
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