

CABINETMAKING SUPPLEMENT

Applicant's name:					
PAINT BOOTH					
Closed booth:					
Dimension:					
Construction:					
Walls:			Ceiling:		
Floor:			Door:		
Lighting fixtures sealed?	Yes	No	Ventilation	Height:	
* *Spraying chamber?	Yes	No		Height:	
*If Yes, describe:					
NB. No switch, electrical of	outlet, or moto	or must be j	oresent inside the boo	oth. The installation of a	
portable CO2 fire extingu	isher of at lea	st 10BC is r	nandatory near the bo	ooth or chamber.	
Dust Collection Systems:					
Types: Cyclone:			Collection chamber:		
*Other? Yes No			Filter purifiers:		
*Describe:					
Connected to all appliances? Yes No			If No, which ones?		
Use of dust and wood w	aste:				
Frequency of emptying and cleaning:					
Storage, describe:					
Wood-burning appliance	e or incinerato	or,			
describe:					
N. D. No appliance or dovi	co producing	charke muc	t ha connected to the	inctallation of the duct	

N.B. No appliance or device producing sparks must be connected to the installation of the dust collection system.





Inflammable liquids:					
Quantity stored:			205 liters (45 gal.)		
			23 liters (5	gal.)	
Types:	Paints:		Solvents:		
Varnish:					
Thinners:	Glues:		Other:		
Metal cabinet:	Describe:				
U.L.C approved?	Yes No				
Adapted room?	Yes No		If Yes, describe:		
Separate building:	Yes No	Yes No		If Yes, describe:	
Workshop					
Condition of	Clean	Fair		Other:	
premises:					
Frequency of cleaning:					
Metal garbage cans in place?		Yes	Yes No		
	lo If Yes, describe:				
Breakdown of receipts:		Total gross receipts:			
Sales receipts:		Installations receipts:			
Service receipts:					
Signature:					
Date:					

Please send the completed, signed and dated application to <u>underwriting@revau.com</u>

