

**Top Gun Pressure Washing**  
**Graffiti Inspection Form**

Date: \_\_\_\_\_ Print name of Inspector: \_\_\_\_\_ DIV: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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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:***

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Manager Name (Print): \_\_\_\_\_

Manager Signature: \_\_\_\_\_