



Compressed Air Form

s. 381.895, F.S.  
Chapter 64E-20, F.A.C.

Please complete all sections:

**Name of Company:** \_\_\_\_\_

Street Address: \_\_\_\_\_ FL, City: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Current Air Quality Testing Company Used:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**Please Indicate Your Current Quarterly Testing Schedule:**

- Jan/Apr/Jul/Oct
- Feb/May/Aug/Nov
- Mar/Jun/Sep/Dec

If testing is not currently being performed, your quarterly schedule will begin with the month following submission of this form.

Shops not open year round only need to submit results for the quarters they are open.

**Is Shop Open Year Round?** Yes \_\_\_\_ No \_\_\_\_ If no, indicate below the months it is open:

Jan \_\_ Feb \_\_ Mar \_\_ Apr \_\_ May \_\_ June \_\_ July \_\_ Aug \_\_ Sept \_\_ Oct \_\_ Nov \_\_ Dec \_\_

This form is for your convenience in reporting information required in s. 381.895., F.S.  
Completed form and all sample results should be sent to: Bureau of Community Environmental Health, 4052 Bald Cypress Way, Bin A08, Tallahassee, Florida, 32399-1710.