

NORTHROP GRUMMAN SYSTEMS

Abrasive Blasting and Welding

Facility: _____ Equip. ID: (Registration if applicable) _____

Project Location (e.g. Building #) _____ Project Name: _____ NG Project Contact: _____

Contractor's Name: _____

Contractor Contact Name: _____ Contractor's Phone Number: _____

Duration of Project/Work date: _____ Start Date: _____ End Date: _____

Abrasive Blasting

Type of blast media used: Sand Grit/Shot Shot

Amount of blast media used _____ lbs.

Type of enclosure Cabinet Baghouse Wet Uncontrolled

Material Use

Description of the Materials	Welding Rods (lbs)	Comments
e.g. SMAW E11018	30	Welding

Note:

1. The form shall be submitted to chijioke.akunyili@ngc.com and yijin.wang@ngc.com by 12/31 annually or at the end of the project **whichever is sooner.**
2. Please contact AQ engineers for any questions: Chi Akunyili (primary for RB) @ (310)812-5105; Yijin Wang (primary for MB) @ (310)812-1333.