

**PAINT OVER GALVAIZED SURFACE
TRAVEL LOG**

FABRICATOR

Fabricator's Name _____

Project # _____ County _____ Design # _____

Date _____

Signature _____

GALVANIZER

Galvanizer's Name _____

Location _____

Galvanizing Requirements ASTM

Galvanizing Requirements Iowa Dot Specification

Surface Treatment Water Quenching Yes No
after Galvanizing

 Chromate Conversion Coating Yes No

Galvanizing Thickness _____

Meets minimum coating thickness requirements of ASTM A123? Yes No

Galvanizing Date _____

Signature _____

PAINT SHOP

Paint Shop _____

Surface Treatment _____

Surface Preparation _____

Abrasive Material _____

Power Wash Yes No

Primer _____

Top Coat _____

Total DFT Thickness _____

Date _____

Signature _____