

**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 \_\_\_\_\_