

**PAINT OVER GALVANIZED SURFACE  
TRAVEL LOG**

**FABRICATOR**

Fabricator's Name \_\_\_\_\_

Project # \_\_\_\_\_ County \_\_\_\_\_ Design # \_\_\_\_\_

Abrasive blast clean prior to galvanizing required? Yes No

Complete? Yes No

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 \_\_\_\_\_