

**RHODE ISLAND DEPARTMENT OF TRANSPORTATION
MATERIALS AND QUALITY ASSURANCE**

Office
Resident
Crew
Independent

TRAFFIC MARKING APPLICATOR CALIBRATION REPORT

Item No: _____	Date: _____
RI Contract No: _____	F.A.P. No: _____
Project: _____	Location: _____

Company:	_____
Type of Marking:	_____
Tow Vehicle	_____
Manufacturer:	_____
Series / Type:	_____
Registration No:	_____

Paint / Bead System

Manufacturer: _____	Date of Manufacture: _____
Tank Capacity (yellow): _____ gallons	Catalyst: _____ gallons
Tank Capacity (white): _____ gallons	Catalyst: _____ gallons
Bead Tank Capacity: _____	Type / Size: _____ Pounds (max)
Bead Tank Capacity: _____	Type / Size: _____ Pounds (max)

Paint Tank Pressure / Speed to Achieve Mils

Required mil Thickness: _____ Plates Made: Y / N

White	Pressure (psi)			Yellow	Pressure (psi)		
	Paint	Catalyst	Speed (mph)		Paint	Catalyst	Speed (mph)
4" Single				4" Single			
4" Double				4" Double			
6" Single				6" Single			
6" Double				6" Double			
8" Single							

Bead Tank Pressure / Seconds per Gallon *(time allotted to acquire beads)*

Required Pounds of Beads: _____

	Pressure (psi)	Speed (mph)
4" Single		
4" Double		
6" Single		
6" Double		
8" Single		

Remarks: _____

Technician _____ (Print / Sign) Date _____

Reviewed By _____ (Print / Sign) Date _____