

North Carolina Department of Transportation



Totalizer Flowmeter
for
Anti-strip Additive
LOG

Contractor: _____ Plant Certification No. _____

Plant Location: _____ Anti-Strip Tank Capacity (gals) _____

Additive Brand _____ Dosage _____

Date	Time	Meter Reading	Signature*	Remarks

Note 1 : Separate forms to be maintained for each brand and / or dosage at each plant site.
 Note 2 : Readings to be taken and recorded at the beginning, during, and at the end of production each day.
 Note 3 : End of the day reading and gallons used must be reported daily on the QC-1 or QC-1 (SP) form.

*** By providing this data under my signature and / or HiCAMS certification number, I attest to the accuracy and validity of the data contained on this form and certify that no deliberate misrepresentation of test results, in any manner, has occurred.**

Sheet No. _____