

Paint Inspection DFT Measurement Worksheet

Date: / / Su M Tu W Th F Sa	Pg ____ of ____
Project #:	Copy to: <input type="checkbox"/> QC Super <input type="checkbox"/> Owner
Inspector:	<input type="checkbox"/> Contr <input type="checkbox"/> _____

Project/Client:	Spec #:
Location and Bridge ID #:	Revision #:
Description:	

Gage Manufacturer:	Verification of Calibration
Model:	Reference Standard Used:
Serial #:	
Type:	Method Used:
Date of Last Calibration:	

Time of Verification:		Time of Verification:		Time of Verification:	
DFT of Standard	Gage Reading	DFT of Standard	Gage Reading	DFT of Standard	Gage Reading

Type 1 Gage Base Metal Reading:	Type 2 Gage Adjustment for Profile:
Specified Minimum DFT:	Minimum Allowable Spot Measurement:
Specified Maximum DFT:	Maximum Allowable Spot Measurement:

Specific location of 100 ft ² area of bridge:					Specific location of 100 ft ² area of bridge:						
Spot	Location of spot within 100 ft ²	Gage Readings*			Spot**	Spot	Location of spot within 100 ft ²	Gage Readings*			Spot**
		1	2	3				1	2	3	
A						A					
B						B					
C						C					
D						D					
E						E					
Average of spot measurements (DFT):						Average of spot measurements (DFT):					

Specific location of 100 ft ² area of bridge:					Specific location of 100 ft ² area of bridge:						
Spot	Location of spot within 100 ft ²	Gage Readings*			Spot**	Spot	Location of spot within 100 ft ²	Gage Readings*			Spot**
		1	2	3				1	2	3	
A						A					
B						B					
C						C					
D						D					
E						E					
Average of spot measurements (DFT):						Average of spot measurements (DFT):					

Inspector Signature:	* Recording gage readings is optional
Date:	** Spot measurement = average of 3 gage readings