



Coordinator: _____

TRUCK I.D. NUMBER _____ DATE _____ SHOP _____

MATERIAL	ENABLED (YES or NO)	ORIG SPREADER CONSTANT	NEW SPREADER CONSTANT
Salt _____	_____	_____	_____
Sand _____	_____	_____	_____
MIX A _____	_____	_____	_____
MIX B _____	_____	_____	_____

SPEED _____

SPd. Hi _____(If required)

SPd. Lo _____ (If required)

Hyd. AdJ _____

TYPE Number (Reference Only) _____

[illegible]