Attachment G

Closed Loop Ground Speed Control System
Calibration, Data and Volume Verification Form
2023-2024

Vendor or Company's Name: _____ Depot Name/No._____

Vehicle Information

Equipment No. _____ Registration No. _____ VIN (Last 5 digits): _____

Year: _____ Make: _____ Model: _____

Closed Loop Ground Speed Control System

Make:_____ Model/Serial No.:_____

Spreader Equipment

Make: _____ Model/Serial No: _____

Gate Opening 2.5" YES NO - Other _____" Spreader Body Vol. _____CY and/or Tank(s) Vol. _____Gal.
Circle One

Gate & Spreader Body Markers: YES NO Circle One

Spinner Height _____ Inches **Calibration Company: Do not sign/stamp/issue this form for vehicles with spinner height outside of 16" +/- 4" (12"-20" above pavement) – NO EXCEPTIONS!**

All vehicles must be capable of consistently dispensing highway deicing materials at the application rates dictated by the MassDOT's Policy and Procedures relative to Snow and Ice Operations. MassDOT shall require the transfer of the data gathered by having a closed loop ground speed control system. This information may be transferred by either electronic download, or paper printout at the Vendor's discretion at the end of each event. The closed loop systems will have data logging capabilities and shall include at a minimum, but not be limited to the following data: Pounds or Tons of Material Applied, Types of Material, Gallons of Liquid Dispensed, Miles Traveled, Location of Dispensed Material, Lane Miles Applied, Time of Application, Application Rates. The information shall be provided (by the Vendor) to the timekeeper or other MassDOT representative at the Depot. All pre-wetting systems shall be equipped with a flow meter to accurately dispense deicing chemicals. All information gathered shall remain the property of MassDOT and used at its discretion.

Authorized Calibration Company: _____

Certifies that the above listed closed loop ground speed control system is operating according to the Manufacturer's Specifications and that the spreader has been properly calibrated. **Place official company stamp atop form**.

Calibration Company Signature:_____ Date:_____

NOTE: One copy of this completed certification is to be kept in the vehicle and the **original** copy shall be submitted to MassDOT's District Office. **Calibration Contractor shall also submit a copy to Boston Snow and Ice office**.