

Salt Coverage Calculator

Calibration Data

Date _____

Company _____

Address _____

City _____ State _____ Zip _____

Truck # _____

Employee Name _____

Salter Manufacturer _____

Salter Model _____

Salter ID _____

Gate Position _____ Ex: 1"

Spin Width _____ Ex: 12 ft

Material Spread _____ Ex: White Salt

Pre-Treat _____ Ex: Mag Chloride or NO

Pre-Wet _____ Ex: Brine or NO

Conveyor Setting	Discharge Lbs/Min
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Please email this form to dick@saltcoveragecalculator.com

We will contact you within 24 hrs if there are any questions.