

DEICING/ANTI-ICING RECORD

Station:	Date:	Truck Number: 53715 LARGE RED TRUCK
Service Provider:		

<u>Refractometer Functional Check</u>		
Refractometer: 110-41110	Time (24 Hr Format):	Employee Number:

Type I Fluid	
Type I Fluid Name	
Time (24 Hr format)	
Employee Number	
Dilute Fluid	
Freeze Point Reading (°F)	
Minimum Spray Temperature (°F) (Freeze Point + 18°F)	

Type IV Fluid (100%)	
Type IV Fluid Name	
Time (24 Hr format)	
Employee Number	
RI or BRIX Reading	RI/BRIX Reading: PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
Acceptable RI/BRIX Range From COA	

Fluid Application								
Aircraft Number	Sprayer (Employee #)	Crew Advised (Employee #)	Deicing Start Time (Local)	Deicing Fluid Quantity (Gallons)	Anti-Icing Start Time (Local)	Anti-Icing Fluid Quantity (Gallons)	Final Fluid Applied (Circle One)	Aircraft Areas Sprayed
							I IV	L R
							I IV	L R
							I IV	L R
							I IV	L R
							I IV	L R
							I IV	L R
							I IV	L R
							I IV	L R
							I IV	L R

- NOTE:**
- Retain the *Deicing/Anti-Icing Record* for at least 30 days after the date entered on the form.
 - Minimum Spray Temperature (Type I Dilute Only) = Fluid Freeze Point + 18°F.
 - Enter "N/A" or a "-" for entries that do not apply.