



Materials Laboratory Qualification Program

Laboratory Inspection – per Materials Instructional Memorandum 208

Company Name: _____

Laboratory Name: _____

Laboratory Type: Aggregate HMA PCC Soils

Laboratory Location: _____

Laboratory Contact Person: _____

Laboratory Technician	Certification Number	Expires
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current manuals & written test procedures available? _____

Current calibration procedures & records? _____

Documentation of correlation results and corrective actions taken for previous construction season?

Proper equipment available to perform qualified testing? _____

Other remarks: _____

Date of Inspection: _____ Qualification expiration date: _____

Inspection performed by: _____
print name

_____ sign name

Inspection received by: _____
print name

_____ sign name

District Materials Office Location _____ Phone _____