

INDEPENDENT ASSURANCE SAMPLING AND TESTING

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
**INDEPENDENT ASSURANCE SAMPLING
AND TESTING LOG SUMMARY**
TL-0110 (REV. 9/95)

FILE : MATERIALS CATEGORY 100

LAST LOG SUMMARY SHEET: <i>(Print Full Name of Acceptance Tester)</i>	DISTRICT
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DATE	WITNESS OF TEST PROCEDURE <i>(Indicate Test Number)</i>	WITNESS OF MATERIALS SAMPLING <i>(Indicate Test Number)</i>	Did the Acceptance Tester successfully pass the Witness Test? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was equipment in good working condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did equipment have a current calibration sticker? <input type="checkbox"/> Yes <input type="checkbox"/> No	SPLIT-SAMPLE COMPARISON <i>(Check one)</i> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	COMMENTS OR FOLLOW-UP ACTION
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