

<b>Colorado Department of Transportation</b>  <b>Project Independent Assurance Sampling Schedule</b>	<b>Project Code</b>	<b>Project No.</b>	<b>Page</b>	<b>System Basis</b>
			of	Y    N
	<b>Project Engineer</b>		<b>Resident Engineer</b>	
<b>Project Location</b>				

Item # Quantity	Identification & Test Performed	#of Samples		CDOT Form #	Field Sheet #	Date M / D / Y	Field Tester (QA)	Indep. Assur. Tester (IA)
		Req.	Actual					

Project Mat'ls Lab Inspected By:	Date:	<b>In accordance with Item 620.03 and CP 10.</b>
Developed By:	Date:	

The above schedule is an estimate of CDOT Independent Assurance samples required on this project. The number of samples recommended is also the number of each type of test for the specific item in the *Frequency Schedule for Independent Assurance Evaluation* unless otherwise noted.

**All equipment was independent except as noted:**

Initial Review By:	Date:	Approved By:	Date:
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<b>Distribution:</b> PRE: ___ Region Materials Engr ___ Resident Engineer ___ Project Engineer ___ Project Tester ___ Doc. Unit, Central Lab	POST: ___ w/ Form #473 ___ w/ Form #473 ___ w/ Form #473 ___ N/A ___ w/ Form #473	The independent assurance sampling schedule for this project has been substantially followed and the test results of the IA samples are in reasonably close agreement with the project acceptance sample test results. (Exceptions to this statement have been previously commented on and documented when the test results were reported or are explained on this form or on an attached sheet. Final Review By: (Region Materials Engineer)
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