

COLORADO DEPARTMENT OF TRANSPORTATION FIELD REPORT FOR SAMPLE IDENTIFICATION OR MATERIALS DOCUMENTATION Metric units <input type="checkbox"/> yes <input type="checkbox"/> no	Region	Field sheet #
	Contract ID	Date Submitted
	Project No.	
	Project Location	

Material Type			Field Lab phone	Cell Phone
Material Code (LIMS)	Item	Class	Grading	Special Provisions <input type="checkbox"/> yes
Previously used on Project No.:		Previous CDOT Form #157 F/S No.(s):		<input type="checkbox"/> CDOT Form #633 (sack) <input type="checkbox"/> CDOT Form #634 (can)

- Sample Identification: Quantity & Unit of material submitted, describe tests required, precise location sample removed from (stationing), etc.
- Materials Documentation: Field inspected (describe appearance, weight/dimensions, model/serial number), COC &/or CTR provided , etc.

User ID	
---------	--

Sample ID (#1)	Sample ID (#2)	Sample ID (#3)
Sample ID (#4)	Sample ID (#5)	Sample ID (#6)

APL/QML Acceptance: APL Ref. No.	Product name:	Date checked:
APL/QML Acceptance: APL Ref. No.	Product name:	Date checked:

Preliminary <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Emergency <input type="checkbox"/>	Date needed
---	-------------

Contractor	Supplier
------------	----------

Sampled from (Pit, roadway, windrow, stock, etc.)	Pit name or owner
--	-------------------

Quantity represented	Previous quantity	Total quantity to date
----------------------	-------------------	------------------------

Sample submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Shipped specified quantity to: ___ <input type="checkbox"/> Central lab ___ <input type="checkbox"/> Region lab	Via	Date
---	---	-----	------

Sampled or inspected by (print name)	Title	E-mail
--------------------------------------	-------	--------

Supervisor (Pro./Res./Mats. Engr./Maint. Supt.) (print name)	Title	Residency
--	-------	-----------