

QUALIFICATION PERFORMANCE REPORT

Project Information:

FIN: _____
 Date: _____
 Time: _____
 Location: _____
 Resident Office: _____

Qualified Technician Information:

Trainee Identification No. (TIN): _____
 Active in District: _____
 Type of Technician: _____
 Company Name: _____
 Mailing Address: _____

Qualification(s) Reviewed:

Aggregates:

- Qualified Sampler
- LBR Technician
- Aggregate Field Technician
- Aggregate Lab Technician
- Aggregate Chemical Analyst

Asphalt:

- Asphalt Plant L-I
- Asphalt Paving L-I

Concrete:

- Field Technician L-I
- Concrete Lab Technician L-I
- Concrete Lab Technician L-II

Earthwork:

- ECI L-I
- ECI L-II

Type of Evaluation:

Observation

Split Sample Results Technician result: _____ IA result: _____ Comparison Criteria: _____

Proficiency Sample

Sample No. _____	Tech. Result	Average	Standard Dev.	Passing Range
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Evaluation Summary:

Was Sampling, Testing and/or Reporting demonstrated according to qualification standards? _____
YES concludes evaluation(s) satisfactorily, if **NO**, see attached (check lists, other).

Was Equipment used in conformance with appropriate test method(s)? _____
YES concludes evaluation(s) satisfactorily, if **NO**, see attached (check lists, other).

If results were unsatisfactory, indicate action taken (1st, 2nd, 3rd, NA if passing): _____
If 1st and 2nd action, document results. If 3rd action, written summary of observations sent to District Materials Engineer for disposition.

Comments, Test Methods Evaluated, and others:

 Signature of Independent Assurance Observer

 Date

cc: Technician: _____
 Original (IA Files/DME): _____
 Project Engineer/Supervisor: _____
 Other: _____