**Local Assistance Procedures Manual EXHIBIT 16-G Corroboration Report (Form MR-0104)**

State of California - Department of Transportation

**CORROBORATION REPORT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | File: Materials Category 100 | | | |
| Instructions: Use this form to compare Split-Sample Test results (Acceptance Tester’s test results of the  Independent Assurance Sample and Tester) | | | | | | | |
| NAME (Acceptance Tester) | | | | Valid MR-0111  [ ] YES [ ] NO | | | |
| DATE (When the split sample was  presented to the Acceptance Tester) | | DATE(when the Acceptance Tester’s  results were received by the IAST) | | DATE (When the Independent Assurance  Sampler’s & Tester’s results were completed. | | | |
| CORROBORATION OF TEST RESULTS | | | | | | | |
|  | ACCEPTANCE TESTER (AT) | | INDEPENDENT ASSURANCE  SAMPLER & TESTER (AST) | | CORROBORATION  BETWEEN THE AT AND THE AST | | |
| TEST PROCEDURE  OR CALIFORNIA TEST NUMBER | TEST RESULTS | SAMPLE ID NUMBER | TEST RESULTS | SAMPLE ID NUMBER | GOOD | FAIR | POOR |
|  |  |  |  |  |  |  |  |
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Form MR-0104 (Rev.6/94)

(1) SUBSEQUENT ACTION TAKEN FOR POOR CORROBORATION (List all actions taken and follow-up tests performed.

Attach copy of each test report. If no action was taken, document reason(s) for no action taken).

|  |  |
| --- | --- |
| LAST NAME (Please print) | DISTRICT |
| SIGNATURE (Last) | AST CERTIFIED?  [ ]YES [ ] NO |
| IF YES, AST CERTIFICATE NUMBER | REPORT DATE |

FM93 1901 M

APPENDIX C

NOTE: ATTACH ALL TEST DATA (Form MR-0107)

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**February 1, 1998**