

EXHIBIT 16-H INDEPENDENT ASSURANCE SAMPLING AND TESTING

STATE OF CALIFORNIA.DEPARTMENT OF TRANSPORTATION
 INDEPENDENT ASSURANCE
 TL-0110 (REV.06/00)

							IA LOG SUMMARY SHEET: (Print full Name of Tester)					DISTRICT
DATE	WITNESS OF TEST PROCEDURE (Indicate Test Number)	WITNESS OF MATERIALS SAMPLING (Indicate Test Number)	DID THE TESTER SUCCESSFULLY PASS THE WITNESS TEST?		WAS EQUIPMENT IN GOOD WORKING CONDITION?		DID EQUIPMENT HAVE A CURRENT CALIBRATION STICKER?		CORROBORATION COMPARISON (Check One)			COMMENTS OR FOLLOW-UP ACTION
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