
Name of Lab: _____
Address: _____
City, State, Zip: _____ *Transmittal*

Contractor Name: _____
Address: _____
City, State, Zip: _____ **No.:** _____

ADOT TRACS NUMBER: _____
LAB PROJECT NUMBER: _____ **DATE:** _____
TO (Company) _____ **REF:** _____
(Address) _____
(Address 2) _____
(City, State, Zip) _____

PHONE: _____ **FAX:** _____
ATTN: _____

I, _____, certify that the quality control procedures comply with
(Quality Control Manager of Contractor)

the contract documents for this project. Attached is the weekly Quality Control Report for the
week ending _____ per 106.04(C)(6).
(Friday date)

Type of work tested this week:

- Earthwork
 Portland Cement Concrete
 Asphaltic Concrete
 Other _____
 No QC needed this week per contract

Prime Contractor
Quality Control Manager Signature