

QUALITY ASSURANCE/QUALITY CONTROL DOCUMENT REVIEW TRACKING SHEET

Corporate Project No.: _____

NCDOT TIP No.: _____

Document Type: _____

NCDOT Project Manager: _____

Project Manager: _____

Principal Investigator: _____

Date of Draft Completion: _____

Date of Peer Review: _____
(Reviewer Initials) 1st Review 2nd Review 3^d Review

Date of Project Manager Review: _____

Date of Revisions/Corrections: _____

Date of Final Review: _____

Tracking Sheet Must be Submitted with Draft to NCDOT