

**NORTH CAROLINA DEPARTMENT OF TRANSPORTATION  
ASPHALT SURFACE TREATMENT (AST) INSPECTOR'S DAILY REPORT**

Project No.: _____	County: _____	Div. _____	Report No. _____
Date: _____	Weather: _____	Temp. High: _____	Low: _____
Type of Construction: _____		Route No. _____	Miles: _____
Map Proj. No.: _____		Map No.: _____	Map Length _____
Contractor (Prime): _____		AST Contractor: _____	

EMULSION DISTRIBUTOR			AGGREGATE SPREADER			SWEEPING EQUIPMENT			
No.	Make	Speed	No.	Make	Speed	No.	Type	Date of Initial Sweeping	Comments

ROLLING EQUIPMENT					SIGNAGE	
No.	Type	Weight	Tire Pressure	Speed	Date of Signage Installation	Date of Signage Removal

EMULSION							AGGREGATE		
Source	Grade	Beg. Gal.	End Gal.	Gal. Used	Delivered Temp	Placed Temp	Source:		Placement comments:
							Stockpile:	Yes / No	
							Location:		

MATERIALS PLACED TODAY													
Seal Type	Stone Type	Emulsion Type	Layer	Uniform coverage: Y or N	Base Type (Soil, AST, Mix)	Beg. Mile Post	End Mile Post	L.F.	Lane Width	Sq. Yds.	Lbs. Of Agg. Per Sq. Yd.	Gal. Of Emul. Per Sq. Yd.	
									Total Miles (L.F./5,280)		Total Sq. Yds.	Total Lbs. of Agg.	Total Gal. of Emul.

**Official Inspection:** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Print Rdwy Tech's Name: _____	RD1- _____	Res. Eng. _____
*Rdwy Tech Signature _____		

\*By providing this data under my signature and/or Hicams certification number, I attest to the accuracy and validity of the data contained on this form and certify that no deliberate misrepresentation of the test results in any manner has occurred.