MT Form M4900

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION MATERIALS AND TESTS UNIT, STRUCTURAL MATERIALS GROUP



1801 Blue Ridge Road, Raleigh, NC 27607 Tel: 919-329-4000 Fax: 919-733-8742

NON-CONFORMANCE REPORT FORM					
	Contract	Information	n		
Contract/Project Number:		Resident/Project Engineer		jineer	
County:		Facility Name:			
Division:		Facility Location:			
Project Location:		Shop Job Number		er	
NCR INFORMATION					
NCR # Phase of Work					
Non-Conforming Items:					
NCR Issued By:		Quality Control Inspector:			
DEVIATION DESCRIPTION					
NOD NOTIFICATION					
NCR NOTIFICATION					
NAME		COMPANY		ORGANIZATION	
_					
NCR TRANSMITTAL INFORMATION					
Date Sent Name			Organization Approval Status		Approval Status
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NCDOT APPROVAL					
Corrective Action Approval Date: Corrective Action Com				tion Completion [Date:
ENGINEER AND OR REPREENTATIVE (SIGNATURE/TITLE)					DATE:
REVIEWED BY (SIGNATURE/TITLE)					DATE:
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