

## NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

### REPORT OF QUALITY ASSURANCE CORE SAMPLE DENSITY RESULTS

Contract No. \_\_\_\_\_

Resident Engineer: \_\_\_\_\_

Producer \_\_\_\_\_

Division: \_\_\_\_\_

Plant Location: \_\_\_\_\_

Mix Type: \_\_\_\_\_

JMF No. \_\_\_\_\_

| Core Sample No. | Random Sample No. | Date Placed | Map / Route Number | Station Number | Lane Descript. | QA Core Results | QC Core Results | Within Limits of Precision? |    |
|-----------------|-------------------|-------------|--------------------|----------------|----------------|-----------------|-----------------|-----------------------------|----|
|                 |                   |             |                    |                |                |                 |                 | Yes                         | No |
|                 |                   |             |                    |                |                |                 |                 |                             |    |
|                 |                   |             |                    |                |                |                 |                 |                             |    |
|                 |                   |             |                    |                |                |                 |                 |                             |    |
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|                 |                   |             |                    |                |                |                 |                 |                             |    |
|                 |                   |             |                    |                |                |                 |                 |                             |    |

**CODE:** "DR" = Dispute Resolution Core  
 "V" = Verification Sample  
 "QA" = Comparison Sample

**DISTRIBUTION:** 1. Original to Resident Engr.  
 2. Copy to QC Lab  
 3. QC Lab to Forward copy to NCDOT Roadway Technician

**\*\*NOTE:** 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 TEST RESULTS, IN ANY MANNER, HAS OCCURRED.

\_\_\_\_\_  
**\*\*PRINT CERTIFIED QA/QC ROADWAY TECHNICIAN'S NAME /W Hicams #**

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**\*\*CERTIFIED QA/QC ROADWAY TECHNICIAN'S SIGNATURE**

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**\*\*PRINT CERTIFIED QA LAB TECHNICIAN'S NAME /W HICAMS #**

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**\*\*CERTIFIED QA LAB TECHNICIAN'S SIGNATURE**