

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
PRODUCT EVALUATION PROGRAM
PRODUCT FEEDBACK FORM

Direct all questions regarding this feedback form to productevaluation@ncdot.gov or 919-329-4074.

INSTRUCTIONS

Please provide factual information related to your experience using a product or innovation on an NCDOT project, save the form, and submit the completed form and other supporting documentation/photos to productevaluation@ncdot.gov. Additional blank forms are available [here](#).

PROJECT INFORMATION (Fill in at least **ONE** answer in this section to identify the project.)

NCDOT Contract Number/WBS: _____

Route or Location: _____

County/Counties/Division: _____

NCDOT Engineer/Contact: _____

Prime Contractor (Company Name): _____

Company Installing Product: _____

PRODUCT INFORMATION (Fill in at least the information marked with **.)

**** Product Name:** _____

Product Model: _____

Product Manufacturer: _____

Product Distributor: _____

Approved Products List NP Number: _____

Date(s) of Installation: _____

Identify Location Installed/Used: _____

Describe Product Use: _____

**** Observed Product Performance:** _____

Possible Reasons for Performance: _____

Recommendations for Future Use: _____

The name below certifies that the information herein is correct. Email to productevaluation@ncdot.gov.

Name _____

Date _____

Email _____

Phone _____ Ext _____