

Missouri Department of Transportation Material Receiving Inspection Report

(Rev. 02/2014)

Date		Name of party responsible for receiving material:						Report No.	
Contract ID		Job No.			County			Route	
Material Inspection Parameters (check if acceptable)									
1 IDENTIFICATION				MATERIAL CERTIFICATON ON FILE					
2 QUANTITY				TEST REPORT/MILL CERTIFICATIONS					
3 DAMAGE				DIMENSIONS VERIFIED					
4 REQUIRED MARKINGS				CLEANLINESS/GOOD CONDITION					
5 CONFORMANCE TO SPECS				PRO	PROPERLY STORED & PROTECTED				
Line #	Line # PAL # Material/Equip		nent		Quantity	Storage Location Installation Locat		Ilation Location	
	<u>L</u>								
Remarks:									
NCR Number (for non-compliant material)									
Note: All activities mentioned above, except as noted, were performed in accordance with project Plans, Specifications, Special Provisions and the PMS									
Title: Signature:									