Report Findings:  Preliminary  Final

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| --- | --- | --- | --- |
| Laboratory Name | | Laboratory Number | Owner |
|  | |  |  |
| Permanent ITD Laboratory Number |  | |  |

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| **Test Methods To Be Evaluated** – Attach Table A-1 showing test methods selected |

1. **Requirement: The laboratory must maintain facilities (fixed or mobile) for proper control of the laboratory environment.** The facility must be physically able to function as a laboratory (e.g. adequate power, water, lighting, floor space, etc.) and have the capability of maintaining temperatures that are specified in the test methods, i.e., SE solution. A mobile laboratory must be securely level and free from vibration that would alter or effect test results.

**Corrective Action Required  Requirements Met**

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| **List Deficiencies and Test Method Numbers They Apply To:** |
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| **Corrective Action Taken (Final Report):** |
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1. **Requirement: The laboratory must maintain facilities for proper storage, handling, and conditioning of test specimens and samples.** The laboratory must maintain an area on its premises separate from the samples currently being tested to store samples and splits of samples in an organized manner so that samples are not lost or discarded and may be found at a future date. The stored samples must be protected from moisture and dust. In addition, the laboratory must have facilities for the conditioning of samples as required by any test method for which the laboratory seeks qualification, i.e. concrete samples.

**Corrective Action Required  Requirements Met**

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| **List Deficiencies and Test Method Numbers They Apply To:** |
|  |
| **Corrective Action Taken (Final Report):** |
|  |

1. **Requirement: The laboratory must maintain a current equipment inventory and current equipment calibration records.** The laboratory equipment records must be on the premises and contain all required records to show calibrations have been performed, including those performed by a commercial calibration service. Documentation is to include test equipment name, model, serial number if applicable, calibration/verification date and the name of the person or company who performed the calibration/verification. The laboratory can use forms ITD 0920 or similar format.

**Corrective Action required  Requirements Met**

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| --- |
| **List Deficiencies and Test Method Numbers They Apply To:** |
|  |
| **Corrective Action Taken (Final Report):** |
|  |

1. **Requirement:** **The laboratory must perform calibrations in accordance with required procedures and at the frequency specified in the program for each test method.** The laboratory equipment calibration records must show the results of the calibration measurements. The laboratory can use the calibration worksheets included in the program or similar format.

**Corrective Action Required  Requirements Met**

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| --- |
| **List Deficiencies and Test Method Numbers They Apply To:** |
|  |
| **Corrective Action Taken (Final Report):** |
|  |

1. **Requirement:** **The laboratory must use WAQTC Qualified Materials Testing Technicians when test methods performed are covered by WAQTC. For tests not covered by WAQTC, qualification to the appropriate recognized standard is required.** Documentation of technician qualification must be available to the ITD inspector. Assurance of the laboratory continuing to use qualified testing technicians will be checked during project inspections and project IA evaluations.

**Corrective Action Required  Requirements Met**

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| **List Deficiencies and Test Method Numbers They Apply To:** |
|  |
| **Corrective Action Taken (Final Report):** |
|  |

1. **Requirement:** **The laboratory must demonstrate adequate care when recording and processing data and test results. The test reports must identify the laboratory’s name and number (address) and the name(s) of the technician(s) performing the test(s) on their test reports.** The laboratory must have procedures in place that facilitate the timely and accurate recording of data and the ultimate accuracy of its test reports. Laboratory test reports should be checked for accuracy.

**Corrective Action Required  Requirements Met**

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| **List Deficiencies and Test Method Numbers They Apply To:** |
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| **Corrective Action Taken (Final Report):** |
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| --- | --- | --- | --- |
| Printed Name of ITD Representative | | Printed Name of Laboratory Manager | |
|  | |  | |
| ITD Representative’s Signature | | Laboratory Manager’s Signature | |
|  | |  | |
| Date | District | Date | Phone Number |
|  |  |  |  |
| Printed Name of District Materials Engineer / Central Lab Manager | | | Laboratory Address |
|  | | |  |
| District Materials Engineer / Central Lab Manager’s Signature | | |
|  | | |

cc: Original W/ Lab ITD Representative Dist I.A. Res/Reg Engr. Materials IAC (Final)