

State of California - Department of Transportation  
**CORROBORATION REPORT**  
Form MR-0104 (Rev.6/94)

File: Materials Category 100

**Instructions:** Use this form to compare Split-Sample Test results (Acceptance Tester's test results of the Independent Assurance Sample and Tester)

NAME (Acceptance Tester) Valid MR-0111  
[ ] YES [ ] NO

DATE (When the split sample was presented to the Acceptance Tester)	DATE(when the Acceptance Tester's results were received by the IAST)	DATE (When the Independent Assurance Sampler's & Tester's results were completed.
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**CORROBORATION OF TEST RESULTS**

TEST PROCEDURE OR CALIFORNIA TEST NUMBER	ACCEPTANCE TESTER (AT)		INDEPENDENT ASSURANCE SAMPLER & TESTER (AST)		CORROBORATION BETWEEN THE AT AND THE AST		
	TEST RESULTS	SAMPLE ID NUMBER	TEST RESULTS	SAMPLE ID NUMBER	GOOD	FAIR	POOR

(1) SUBSEQUENT ACTION TAKEN FOR POOR CORROBORATION (List all actions taken and follow-up tests performed. Attach copy of each test report. If no action was taken, document reason(s) for no action taken).

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LAST NAME (Please print)	DISTRICT
SIGNATURE (Last)	AST CERTIFIED? [ ] YES [ ] NO
IF YES, AST CERTIFICATE NUMBER	REPORT DATE

FM93 1901 M

NOTE: ATTACH ALL TEST DATA (Form MR-0107)

APPENDIX C