

# GUARDRAIL DELIVERY VERIFICATION SHEET

Contract Id: \_\_\_\_\_

Contractor: \_\_\_\_\_

Section Engineer: \_\_\_\_\_

District & County: \_\_\_\_\_

<u>DESCRIPTION</u>	<u>UNIT</u>	<u>QTY LEAVING PROJECT</u>	<u>QTY RECEIVED@BB YARD</u>
GUARDRAIL (Includes End treatments & crash cushions)	LF	_____	_____
STEEL POSTS	EACH	_____	_____
STEEL BLOCKS	EACH	_____	_____
WOOD OFFSET BLOCKS	EACH	_____	_____
BACK UP PLATES	EACH	_____	_____
CRASH CUSHION	EACH	_____	_____
NUTS, BOLTS, WASHERS	BAG/BCKT	_____	_____
DAMAGED RAIL TO MAINT. FACILITY	LF	_____	_____
DAMAGED POSTS TO MAINT. FACILITY	EACH	_____	_____

**\*Required Signatures before Leaving Project Site**

Printed Section Engineer's Representative \_\_\_\_\_ & Date \_\_\_\_\_

Signature Section Engineer's Representative \_\_\_\_\_ & Date \_\_\_\_\_

Printed Contractor's Representative \_\_\_\_\_ & Date \_\_\_\_\_

Signature Contractor's Representative \_\_\_\_\_ & Date \_\_\_\_\_

**\*Required Signatures after Arrival at Bailey Bridge Yard (All material on truck must be counted & the quantity received column completed before signatures)**

Printed Bailey Bridge Yard Representative \_\_\_\_\_ & Date \_\_\_\_\_

Signature Bailey Bridge Yard Representative \_\_\_\_\_ & Date \_\_\_\_\_

Printed Contractor's Representative \_\_\_\_\_ & Date \_\_\_\_\_

Signature Contractor's Representative \_\_\_\_\_ & Date \_\_\_\_\_

\*\*Payment for the bid item remove guardrail will be based upon the quantities shown in the Bailey Bridge Yard received column. Payment will not be made for guardrail removal until the guardrail verification sheets are electronically submitted to the Section Engineer by the Bailey Bridge Yard Representative.

Completed Form Submitted to Section Engineer Date: \_\_\_\_\_ By: \_\_\_\_\_