

LINESTRIPING

OMT012 7-02-13
CM 7210.100.14

MARYLAND STATE HIGHWAY ADMINISTRATION

IDR Number: _____
(Field Office Use Only)

INSPECTOR'S DAILY REPORT

NTP Date: _____

Insp. Letter: _____

Contract No: _____ Day: _____ Date: _____

Sky: _____ Wind: _____ Precipitation: _____

TEMP °F	
Min	_____
Max	_____

Delays: RW Utility
Material Other
Details: _____

Soil or Grade Condition: _____
 Stream or Tide Stage: _____

Item Number & Description	1.										Location and Quantity of Work Completed (1, 2, 3)										
	2.																				
	3.																				
Classification of Labor & Equipment Used / *Idle	1			2			3			Totals											
	No	Hrs	Idle	No	Hrs	Idle	No	Hrs	Idle	No	Hrs										
											1) Road Name: _____ MP _____ to _____										
											Stripe Lines: _____ C/L _____ E/L _____ Skips										
											Direction: _____ E/B _____ W/B _____ N/B _____ S/B										
											Road Surface: _____ HMA _____ PCC _____ SS _____ CS										
											5" White Pay Qty: _____ LF										
											10" White Pay Qty: _____ LF										
											5" Yellow Pay Qty: _____ LF										
											2) Road Name: _____ MP _____ to _____										
Material Manufacturer:											Stripe Lines: _____ C/L _____ E/L _____ Skips										
											Direction: _____ E/B _____ W/B _____ N/B _____ S/B										
											Road Surface: _____ HMA _____ PCC _____ SS _____ CS										
Beads Manufacturer:											5" White Pay Qty: _____ LF										
											10" White Pay Qty: _____ LF										
Type:											5" Yellow Pay Qty: _____ LF										
_____ MD Blend _____ Standard																					
Line Striper:																					
											3) Road Name: _____ MP _____ to _____										
Lot #:											Stripe Lines: _____ C/L _____ E/L _____ Skips										
Yellow:											Direction: _____ E/B _____ W/B _____ N/B _____ S/B										
White:											Road Surface: _____ HMA _____ PCC _____ SS _____ CS										
Glass Bead:											5" White Pay Qty: _____ LF										
											10" White Pay Qty: _____ LF										
											5" Yellow Pay Qty: _____ LF										
* Indicate (A) Standby,(B) Not Needed,(C) Broken down, or (D) _____											<u>Visitors & SHA Staff</u>										
Materials: Note Approval Status and Whether Received or Used for 1, 2, or 3. _____ Paint _____ 40M _____ 90M _____ Inlaid Tape _____ Surface Tape _____ Contrast Tape _____ Epoxy Color: _____ y _____ w Width: _____																					
Hours per Category											100	200	300	400	500	600	700	800	900		
Use Other Side as Needed for Extended Remarks, Sketches, Explanations, Delays, Etc.											Inspector's Signature: _____ Time In: _____ Time Out: _____ Hours: _____ Job Mileage: _____										