

BLOCK PRODUCTS SHIPPING REPORT

Project Number: _____ Project County: _____
 Manufactured by: _____ Plant Location: _____
 Supplied by: _____
 Contractor: _____ Contractor Location: _____

Product Name			
Product Number			
Lot Number			
Date of Production <small>(if different from lot #)</small>			
Date Shipped			
No. of Cubes			
Pieces per Cube			
Total Pieces Shipped			
Technician Number			
Ticket or Invoice Number			
PAY ITEM NUMBER			

I certify the Block Products covered by this report were manufactured to comply with the State of Alabama Department of Transportation Standard Specifications ALDOT-453. I further certify that the Block Products listed herein have been subjected to the required testing and inspection. A copy of the independant lab test report is attached.

Signed _____
Producer's ALDOT Precast Products Technician Name & Number

Print Name _____

Date _____

NOTE: As per ALDOT-453, this BMT Form shall accompany the shipment of Block Products to the project site. The review sequence of this form is as follows, with each reviewer signing and dating the form in the appropriate space:
 1st Contractor
 2nd Project Engineer
 3rd Division Materials Personnel

CONTRACTOR

PROJECT ENGINEER

**DIVISION PRECAST
 PERSONNEL**

Print Name _____

Print Name _____

Print Name _____

Signature _____

Signature _____

Signature _____

Date _____

Date _____

Date _____