

QUALITY ASSURANCE FORM

CONSULTANT COMPLETES THIS SECTION

Consultant:

Des. No.: Project No.:

Project Description:

Submittal:

This submittal has been reviewed with regard to consistency, completeness, and overall content prior to submittal by _____, Project Manager, on _____, 20____, telephone number _____.

REVIEWER COMPLETES THIS SECTION

The submittal described above has been reviewed for quality in accordance with the Quality Assurance Procedures.

The consultant is responsible for checking all of its work as outlined in *Indiana Design Manual* Section 6-2.0, Quality Assurance Procedures. The table shown below indicates which of the reviewer's personnel has checked which items.

Item	Designer	Reviewer

Remarks: