## Vehicle Crossing Completion Notice

Optional Contractor Logo

|  |  |  |  |
| --- | --- | --- | --- |
| To: |  | | |
| Date: |  | | |
| CAR #: |  | Ticket #: |  |

(Corridor Manager)

This is to advise that Work on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Address) is now complete.

**Primary Contractor Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Company name: |  | Contact person: |  |
| Phone/ Mobile: |  | Email: |  |
| Postal address: |  | | |

**Compaction Tested by:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Company: |  |

**Note:** Compaction may be measured by Clegg hammer. These devices shall be calibrated at 12-month intervals. Reading must be taken from the IV impact.

Residential (Minimum of IV 25) Commercial (Minimum of IV 35)

**Please plot Compaction Readings below**

**Property side**

**x x**

**x**

**x x**

**x**

**x Road side x**

Markings are indicative only, test more areas if needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Carriageway (35) |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Footpath (25) |  |  |  |  |  |

**Works meet required standards. Signed by Primary Contractor:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Signature: |  | Date: |  |