

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
**ENGINEER'S CERTIFICATION OF
GUARDRAIL INSTALLATION**

FIN Project No.:

State Road No.:

Federal Project No.:

County:

District:

Contract No.:

Attestation of Inspection:

Item:	APL No:	Station/Location:	Date:
Item:	APL No:	Station/Location:	Date:
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Item:	APL No:	Station/Location:	Date:

List Continues on Attachment

I hereby certify that the listed installation(s) of guardrail and/or end treatment(s) have been inspected on the date(s) specified prior to acceptance and met the requirements of the Plans, Manufacturer's Installation Instructions, Specifications, and Standard Plans, Index 536 series.

Signature of Inspector

Date

Signature of Senior Project Engineer

Date

**Operations Center
Acceptance of Installation:**

I hereby certify that the listed installation(s) of guardrail and/or end treatment(s) have received final inspection in accordance with Section 5-10 of the Standard Specifications and Chapter 12.1 of the Construction Project Administration Manual and are now accepted by the Department.

Signature of Operations/Resident Engineer

Date

Operations Center

**DIRECTIONS FOR
FORM NUMBER 700-011-38
ENGINEER'S CERTIFICATION OF
GUARDRAIL INSTALLATION**

FIN PROJECT NO State Financial Project Number
FEDERAL-AID PROJECT NO: FAP No.
STATE ROAD NUMBER The State Road Number, (ex. SR-8)
COUNTY The County where the project is located
DISTRICT The District where the project is located
CONTRACT NO. FDOT Contract Number (ex. T0000, E0X00)

ATTESTATION OF INSPECTION

ITEM Specify component or end treatment inspected (i.e. panel, trailing terminal, etc.)
APL NUMBER Specify the APL number for the component or end treatment. For standard guardrail panels/runs, indicate N/A.
STATION/LOCATION Specify the station or location at which the item was inspected.
DATE Specify the date (MM-DD-YY) that the item was inspected.
INSPECTOR Sign and date (MM-DD-YY).
SENIOR PROJECT ENGINEER Sign and date (MM-DD-YY).

Use additional sheets as necessary to include all inspected items. A template is included on page 2.

OPERATIONS CENTER ACCEPTANCE OF INSTALLATION

OPERATIONS/RESIDENT ENGINEER Confirm that final inspections are complete per Department requirements and accept installation on behalf of Department. Sign and date (MM-DD-YY). For Districts that do not have Operations Engineers, Resident Engineer confirms and accepts on behalf of the Department.
OPERATIONS CENTER Specify the Operations Center that is administering the project.