

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
**NONCONFORMING STRUCTURAL STEEL AND MISCELLANEOUS METAL
COMPONENT DATA SHEET**

Submittal No: _____

To: _____

Project Administrator

Date: _____

Firm/Agency: _____

Contractor: _____

Financial Project No: _____

Project Title: _____

Federal Project No: _____

Structural Steel Fabricator: _____

Contract No: _____

Pay Item No: _____

Shop Drawing No: _____

Component No: _____

Description of Defect or Nonconformance and name of plant representative providing the description:

Attestation that the description of the nonconformance is accurate

(Signature of Department's Lead QA Inspector)

Description of Proposed Repair:

Listing of attached supportive information:

Prepared by: _____

(Structural Steel Fabricator Quality Control Manager)

(Date)