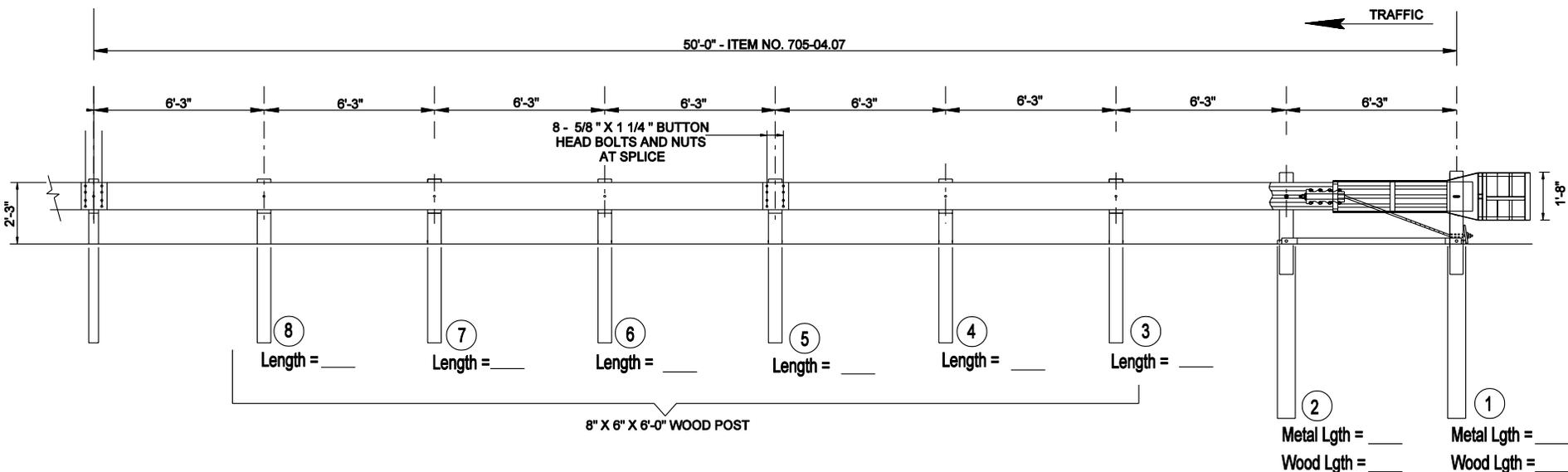


INSPECTION FORM FOR TERMINAL UNITS

Date : _____ Roadway Name : _____ County : _____ Location : N S E W Road Side : Med. Shldr
 Time : _____ Mile marker : _____ Inspector : _____ (Print name) _____ (Signature)



I/H Type : SKT350 ET2000 BEST OTHER (Circle One)	Tubes Damaged (i.e. Sawed or Torched) YES NO
Quantity of Hazard stickers : _____	(If YES, Please Comment below)
Circle new Wooden Post : 1 2 3 4 5 6 7 8	Lane Closure needed : _____
Feet new Guardrail : _____	Any old Guardrail reused ? _____
Cable Taut : _____	Photographed by : _____

Comments : _____

