



# ROCHESTER

*Minnesota*



DEPARTMENT OF PUBLIC WORKS  
201 4<sup>th</sup> Street SE, Room 108  
Rochester, MN 55904-3740  
(507) 328-2400  
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## BASE PROOF ROLL

\_\_\_\_\_

Date

\_\_\_\_\_

Project Name

\_\_\_\_\_

Project Number

\_\_\_\_\_

Consultant Engineer's Representative

\_\_\_\_\_

Contractor's Representative

\_\_\_\_\_

City of Rochester's Public Works Representative

Test:	Initial	Re-Test
Name of Roadway:	_____	_____
Roadway Stationing Begin:	_____	_____
Roadway Stationing End:	_____	_____
Date of Proof Roll:	_____	_____
Roadway Conditions:	_____	_____
Weather Conditions:	_____	_____
Equipment used for Proof Roll:	_____	_____
Roadway Stationing Pass:	_____ to _____	_____ to _____
	_____ to _____	_____ to _____
Roadway Stationing Fail:	_____ to _____	_____ to _____
	_____ to _____	_____ to _____

City of Rochester's or Consultant's Representative Inspection Comments: