

**PRE-APPROVED PRODUCT EVALUATION REQUEST & SUMMARY**

Product Evaluation Coordinator  
 Colorado Department of Transportation  
 4670 North Holly Street, Unit A  
 Denver, Colorado 80216

Material code:

Material code description full name:

FOR INTERNAL CDOT USE


**PART 1**

Product name:		Product category:	
Product Representative (name & address): Attn:		Manufacturer (name & address): Attn:	
Phone:	E-mail:	Phone:	E-mail:
Web-site address:		Web-site address:	
<b>Description of the product:</b> (Include specific quantifiable details from tech data sheet. Advertising generalities are not appropriate.)			
<b>Restrictions,</b> (installation and/or use):			
<b>Use of the product,</b> (be specific to CDOT highway activities only):			
<b>Benefits to CDOT,</b> (how will your product enhance quality, improve safety, save money, be a better value then other manufacturer's products):			
<b>Specifications:</b> (listing those applicable is required) <input type="checkbox"/> CDOT : <input type="checkbox"/> ASTM : <input type="checkbox"/> AASHTO: <input type="checkbox"/> FHWA : <input type="checkbox"/> other :			
<input type="checkbox"/> Certificate of Compliance (COC) provided		<input type="checkbox"/> Certificate of Verification (COV) provided for select categories ONLY	
<b>Product Testing:</b> (National/independent laboratories or universities with Report Date.) <b>Certified Test Report</b> (CTR) provided to validate all claims. <input type="checkbox"/> NTPEP-AASHTO: <input type="checkbox"/> FHWA : <input type="checkbox"/> other : <input type="checkbox"/> other : <input type="checkbox"/> other :			
<b>State DOT Approvals,</b> (current documentation required):		Expiration Date	
Sample submitted: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		Safety Data Sheets (SDS): <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Alternate Product Category:			
Additional Comments:			

## PART 2

Form #595 (date entered):	Form #595 (date to evaluator):	APL Reference Number:
<p>Product Evaluation Coordinator's review:</p> <p><input type="checkbox"/> PART 1 - Completed and changes being reviewed by Product Representative.</p> <p><input type="checkbox"/> Standard Product - Forwarded to the appropriate CDOT Expert Product Evaluator (EPE) / Subject Matter Expert (SME).</p> <p><input type="checkbox"/> Experimental Feature - Forwarded to Research Director.</p> <p><input type="checkbox"/> Returned from the appropriate CDOT EPE/SME or Research Director.</p> <p><input type="checkbox"/> Accepted - Product acceptable for pre-approval and meets CDOT's Specifications.</p> <p><input type="checkbox"/> Rejected - Product unacceptable for pre-approval or contrary to CDOT specifications.</p>		

## PART 3

<p>The CDOT Expert Product Evaluator is to complete this portion. Attach references and/or additional sheets as necessary. <b>Do not</b> perform any work until product is accepted for evaluation in PART 2, and a product reference number is assigned.</p>
<p><b>Evaluation methods and procedures.</b> (EPE/SME should document intended evaluation procedure.)</p>
<p><b>Findings and recommendations.</b> (EPE/SME should write the exact specification(s) that the product complies with. Document the evaluation performed and the recommendation toward APL approval. Conclude with your signature, title and date):</p> <p></p>
<p><b>Per PEC: comments and/or post-approval requirements</b> (if applicable):</p>
<p>:(Expiration Date (YYYY-MM-DD)  </p>

## PART 4

<p><input type="checkbox"/> <b>Acceptable for use. Add to the Approved Products List (APL).</b> [The evaluation and acceptance of this product is intended for CDOT use. DO NOT USE for Advertising.]</p>		
<p><input type="checkbox"/> <b>Rejected for use. Reason for rejection:</b></p>		
CDOT Materials Engineer, Printed Name	CDOT Materials Engineer Signature	Date