



Missouri Department of Transportation
Construction and Materials

Semi-Final Inspection - LPA

			DATE
COUNTY	ROUTE	JOB NUMBER	CONTRACTOR
TO (MoDOT District Contact)		FROM (LPA)	

On this date, a semi-final inspection was made over the portion of the above project from Station _____
to Station _____. This inspection was made by:

The following corrections were noted (continue on back if necessary):

Exceptions (continue on back if necessary):

Comments (continue on back if necessary):

Specification Year _____

Reply:

The above corrections are completed; exceptions still remain.

Partial Acceptance for
Maintenance Date: _____

Responsible Person: Date:

The above corrections and exceptions are completed.

Final Inspection Date: _____

Responsible Person: Date:

Final Closeout Certification Status (if applicable):

