

MaineDOT Qualified Products Program

Field Evaluation Form

MaineDOT WIN/PIN		
Town		
Project Contact		
Email/Telephone #		
Product Name		
Product Manufacturer		
Product Model # (if applicable)		
Date of Installation		
Location Specifics (*LAT/LONG if applicable)		
1. Product Performance (Check one):	<input type="checkbox"/>	Exceeded manufacturer's product specifications and details.
	<input type="checkbox"/>	Met manufacturer's product specifications and details.
	<input type="checkbox"/>	Did not meet manufacturer's product specifications and details.
2. Describe performance rating from #1.		
3. Possible reasons for any product issues listed (if applicable)?		
4. Describe any installation issues and how they were solved. Is there a learning curve to installing the product?		
5. Is product recommended for future use?		
Other Information: (ex: Manufacturer representative comments/explanations on performance during inspection) *If there are several locations list LAT and Long below or submit list separately.		

*Email completed form and supplemental information to: NewProducts.MaineDOT@maine.gov