

**RHODE ISLAND DEPARTMENT OF TRANSPORTATION
MATERIALS AND QUALITY ASSURANCE**

Copy:
Contractor
Plant Inspector
Materials Section

PLANT, LAB, & EQUIPMENT DEFICIENCY REPORT

MATERIALS INSPECTOR:			
Plant Name: _____		Plant Location: _____	
Type of Deficiency: _____			
Deficiency Description: _____			

_____ Sign Materials Representative		_____ Print	_____ Date
			_____ Time

CONTRACTOR REPRESENTATIVE:			
Received By: _____		_____ Date	_____ Time
_____ Sign		_____ Print	
Action Taken by Contractor:			
_____ 1. New equipment ordered. (Please provide copy of purchase order.)			
_____ 2. Equipment has been repaired to meet RIDOT specifications. (Please describe repair.)			

_____ 3. Other – Explain: _____			

Completed: _____		_____ Date	_____ Time
_____ Sign		_____ Print	
			Contractor Representative
NOTE: Failure to take corrective action in 48 hours from receipt of report will result in suspension of production for RIDOT projects.			
After signing scan and email to Materials Section and to Materials Plant Inspector:			
RIDOT – Materials Section			
2 Capitol Hill, Rm. 018			
Providence, RI 02903			
Fax # 401-222-3489			

MATERIALS OFFICE:			
_____		_____ Date	_____ Time
_____ Sign		_____ Print	
			Completed Form Received By