



**RHODE ISLAND DEPARTMENT OF TRANSPORTATION
MATERIALS AND QUALITY ASSURANCE
DAILY FIELD ACTIVITY REPORT**

TECHNICIAN: _____

DATE: _____

RIC No:	
FAP No:	
Project Name:	
Location:	
Time On-Site:	
Weather:	
Contractor:	
Key Personnel On Site:	
Purpose of Site visit:	
Service Completed this Visit:	
Other Observations, Conversations, *Continue on Back if needed	
Time Departed Site:	

Report Prepared by: _____
Signature
Date