

**RHODE ISLAND DEPARTMENT OF TRANSPORTATION**  
**MATERIALS AND QUALITY ASSURANCE**  
**RETROREFLECTIVITY OF PAVEMENT MARKINGS (ASTM E7585)**

Office \_\_\_\_\_

Resident: \_\_\_\_\_

Item No: _____	Date: _____
RI Contract No: _____	F.A.P. No: _____
Roadway Name: _____	Limits: _____
Roadway Length Tested: _____	
Acceptance <input type="checkbox"/>	Independent <input type="checkbox"/>
Info Only <input type="checkbox"/>	P. Engineering <input type="checkbox"/>

Stripe Color: \_\_\_\_\_ Contractor: \_\_\_\_\_

Date Applied: \_\_\_\_\_ # of Days: \_\_\_\_\_ Spec: 14 - 60 Days

LTL Meter Serial No: \_\_\_\_\_ LTL ID Code: \_\_\_\_\_

Calibrated Initially:    Yes    No    Verified after reading / ID number(s): \_\_\_\_\_

**Section 1**    start near (loc / spacing):

1		6		11		16		
2		7		12		17		
3		8		13		18		
4		9		14		19		
5		10		15		20		
							Average:	

**Section 2**    start near (loc / spacing):

1		6		11		16		
2		7		12		17		
3		8		13		18		
4		9		14		19		
5		10		15		20		
							Average:	

**Section 3**    start near (loc / spacing):

1		6		11		16		
2		7		12		17		
3		8		13		18		
4		9		14		19		
5		10		15		20		
							Average:	

Total Average: \_\_\_\_\_

Meets Spec       Does Not Meet Spec       Not Applicable

Remarks: \_\_\_\_\_

\_\_\_\_\_

Technician(s) \_\_\_\_\_ Date \_\_\_\_\_  
 (Print / Sign)

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_  
 (Print / Sign)