

**RHODE ISLAND DEPARTMENT OF TRANSPORTATION
MATERIALS AND QUALITY ASSURANCE
GUARDRAIL AND POST GALVANIZED COATING REPORT
(12 mil / Grade 65 Rail; W6 x 8.5 / Grade 75 Post)**

Office Copy

Resident: _____

RI Contract No: _____	Date: _____
Location: _____	
Acceptance <input type="checkbox"/>	Info Only <input type="checkbox"/>

Acceptance Team: _____ Item No: _____

1.) Station/Location: _____						
Check: <input type="checkbox"/> Std Rail: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Peak <input type="checkbox"/> Valley <input type="checkbox"/> End <input type="checkbox"/> Leading <input type="checkbox"/> Trailing						
<input type="checkbox"/> Post: <input type="checkbox"/> Thrie Beam Rail: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Peak <input type="checkbox"/> Valley <input type="checkbox"/> Web <input type="checkbox"/> Flange						
Reading	1 st	2 nd	3 rd	4 th	5 th	SPEC: 2.6 Mils Rail Min. 3.0 Mils Post Min.
Value (mil)						Average:
2.) Station/Location: _____						
Check: <input type="checkbox"/> Std Rail: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Peak <input type="checkbox"/> Valley <input type="checkbox"/> End <input type="checkbox"/> Leading <input type="checkbox"/> Trailing						
<input type="checkbox"/> Post: <input type="checkbox"/> Thrie Beam Rail: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Peak <input type="checkbox"/> Valley <input type="checkbox"/> Web <input type="checkbox"/> Flange						
Reading	1 st	2 nd	3 rd	4 th	5 th	SPEC: 2.6 Mils Rail Min. 3.0 Mils Post Min.
Value (mil)						Average:
3.) Station Location: _____						
Check: <input type="checkbox"/> Std Rail: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Peak <input type="checkbox"/> Valley <input type="checkbox"/> End <input type="checkbox"/> Leading <input type="checkbox"/> Trailing						
<input type="checkbox"/> Post: <input type="checkbox"/> Thrie Beam Rail: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Peak <input type="checkbox"/> Valley <input type="checkbox"/> Web <input type="checkbox"/> Flange						
Reading	1 st	2 nd	3 rd	4 th	5 th	SPEC: 2.6 Mils Rail Min. 3.0 Mils Post Min.
Value (mil)						Average:
4.) Station Location: _____						
Check: <input type="checkbox"/> Std Rail: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Peak <input type="checkbox"/> Valley <input type="checkbox"/> End <input type="checkbox"/> Leading <input type="checkbox"/> Trailing						
<input type="checkbox"/> Post: <input type="checkbox"/> Thrie Beam Rail: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Peak <input type="checkbox"/> Valley <input type="checkbox"/> Web <input type="checkbox"/> Flange						
Reading	1 st	2 nd	3 rd	4 th	5 th	SPEC: 2.6 Mils Rail Min. 3.0 Mils Post Min.
Value (mil)						Average:
5.) Station Location: _____						
Check: <input type="checkbox"/> Std Rail: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Peak <input type="checkbox"/> Valley <input type="checkbox"/> End <input type="checkbox"/> Leading <input type="checkbox"/> Trailing						
<input type="checkbox"/> Post: <input type="checkbox"/> Thrie Beam Rail: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Peak <input type="checkbox"/> Valley <input type="checkbox"/> Web <input type="checkbox"/> Flange						
Reading	1 st	2 nd	3 rd	4 th	5 th	SPEC: 2.6 Mils Rail Min. 3.0 Mils Post Min.
Value (mil)						Average:

Meets Spec Does Not Meet Spec Not Applicable

Remarks: _____

Technician _____ (Print / Sign) Date _____

Reviewed By _____ (Print / Sign) Date _____