RHODE ISLAND DEPARMENT OF TRANSPORTATION
MATERIALS AND QUALITY ASSURANCE

Office
Resident
Crew
Independent

FILM THICKNESS MEASUREMENT WORKSHEET

Date: _____

RI Contract No: _____ F.A.P. No: _____

Project: _____ Location: _____

Acceptance ☐ Independent ☐ Info Only ☐ P. Engineering ☐

Piecemark: _____

Area: _____

Gauge Used: _____

	1	2	3	4	5
A					
B					
C					
Average					

	1	2	3	4	5
A					
B					
C					
Average					

	1	2	3	4	5
A					
B					
C					
Average					

Meets Spec ☐ **Does Not Meet Spec** ☐ **Not Applicable** ☐

Remarks: _____

_____

Technician Date Reviewed By Date