

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

Office  
Resident  
Crew  
Independent

**FILM THICKNESS MEASUREMENT WORKSHEET**

Item No: _____	Date: _____
RI Contract No: _____	F.A.P. No: _____
Project: _____	Location: _____
Acceptance <input type="checkbox"/>	Independent <input type="checkbox"/>
Info Only <input type="checkbox"/>	P. Engineering <input type="checkbox"/>

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: _____ _____
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\_\_\_\_\_  
Technician (Print / Sign) Date

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