

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

Office
Resident
Crew
Independent

PAINT ADHESION AND THICKNESS 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"/>

Adhesion

Adhesive: _____

Date Applied: _____ Temp: _____ Humidity: _____

Sample	PSI	Failure Description (w/ % failure of total surface)
1		
2		
3		

Thickness

Paint System: _____

Location	Thickness in mils			
	Top Surface (3 - 5)	Intermediate (5 - 7)	Primer (5 - 7)	Total

Meets Spec Does Not Meet Spec Not Applicable

Remarks: _____

Technician _____ (Print / Sign) Date _____
 ID# WF9 - 359

Reviewed By _____ (Print / Sign) Date _____
 REV. 4/25/16