

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

Office

Resident

Crew

Independent

**3 EDGE TEST FOR CONCRETE PIPE REPORT**

Item No: \_\_\_\_\_ Date: \_\_\_\_\_  
RI Contract No: \_\_\_\_\_ F.A.P. No: \_\_\_\_\_  
Project: \_\_\_\_\_ Location: \_\_\_\_\_  
Producer: \_\_\_\_\_ Mix Type: \_\_\_\_\_

Acceptance  Independent  Info Only  P. Engineering

| Diameter | Class of Pipe | Date of Manufacture | Gauge Readings |       |          | Specifications |          |
|----------|---------------|---------------------|----------------|-------|----------|----------------|----------|
|          |               |                     | Visible        | 0.01" | Ultimate | 0.01"          | Ultimate |
|          |               |                     |                |       |          |                |          |
|          |               |                     |                |       |          |                |          |
|          |               |                     |                |       |          |                |          |
|          |               |                     |                |       |          |                |          |
|          |               |                     |                |       |          |                |          |
|          |               |                     |                |       |          |                |          |
|          |               |                     |                |       |          |                |          |
|          |               |                     |                |       |          |                |          |
|          |               |                     |                |       |          |                |          |
|          |               |                     |                |       |          |                |          |
|          |               |                     |                |       |          |                |          |
|          |               |                     |                |       |          |                |          |
|          |               |                     |                |       |          |                |          |
|          |               |                     |                |       |          |                |          |
|          |               |                     |                |       |          |                |          |
|          |               |                     |                |       |          |                |          |
|          |               |                     |                |       |          |                |          |
|          |               |                     |                |       |          |                |          |

Meets Spec  Does Not Meet Spec  Not Applicable

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

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

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