

**RHODE ISLAND DEPARTMENT OF TRANSPORTATION
MATERIALS AND QUALITY ASSURANCE
PAVEMENT SURFACE TEST REPORT (ASTM E965)**

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"/>	

Lot Begin (station):	Lot End (station):
Total Length of Lot (ft):	Total Width of Lot (ft):

	Test Number	1	2	3	4
A	Sublot Begin (station):				
B	Length of Sublot (1500 ft or less):				
C	Random # 1 (0.0001 – 1.0000):				
D	Random Length: [B x C]				
E	Random Station: [A+D]				
F	Width @ Location E:				
G	Random # 2 (0.0001 – 1.0000):				
H	Random Offset: [F x G]				

I	Time 1				
J	Time 2				
K	Time 3				
L	Time 4				

Remarks:	_____ _____ _____
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Meets Spec Does Not Meet Spec Not Applicable

Inspector _____ (Print / Sign) Date _____
ID# TF4 – 410

Reviewed By _____ (Print / Sign) Date _____