RHODE ISLAND DEPARMENT OF TRANSPORTATION
MATERIALS AND QUALITY ASSURANCE
IAST - REPORT OF CORRECTIVE ACTION

For File #:

RI Contract No: _____ Date: _____

Plant/Project: _____ Location: _____

Acceptance Technician: _____

Materials Test: _____

_____

Acceptance Result: _____

IAST Result: _____

Variation (max): _____

Action Taken: _____

_____

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IAST Technician (Print / Sign) Date

Reviewed By (Print / Sign) Date