RHODE ISLAND DEPARTMENT OF TRANSPORTATION
MATERIALS AND QUALITY ASSURANCE

Office Copy
Resident
Crew
Construction Records

MATERIAL NOT WITHIN SPECIFICATION LIMITS REPORT

Lab No: _____ Item No: _____ Date: _____
RI Contract No: _____ F.A.P. No: _____
Project Name: _____

Material: _____ Supplier: _____
Sampled By: _____ Sampled On: _____
Sample Location: Sta: _____ Offset: _____ Elevation: _____
Sample Loc. Description: _____
Material Test: _____
Tested By: _____ Date Tested: _____

_____
Materials Engineer (Print / Sign) Date

Attach w/ Test Report

Action taken by Construction Section / Resident Engineer:

_____ ☐ 1. Material represented by sample removed from jobsite.
_____ ☐ 2. New material on jobsite: Sample submitted for testing.
_____ ☐ 3. Resample of material.
_____ ☐ 4. Material represented by sample left in place at a reduction in item price.
_____ ☐ 5. Certificate corrected and resubmitted.
_____ ☐ 6. Other: _____

_____
_____
_____
_____
_____

_____
Construction Section / Resident Engineer Date
(Print / Sign)

Return original to Materials section within 2 weeks.