RHODE ISLAND DEPARTMENT OF TRANSPORTATION MATERIALS AND QUALITY ASSURANCE

Office Copy
Resident
Crew

Independent

SAMPLE REJECTION REPORT

Item No:						
Lab No:				Date:		
RI Contract No:		F.A.P. No:				
Project Name:						
Acceptance	Inde	ependent	Info Only	P. En	ngineering	
Name of Material	l:					
Supplier:						
Sample Location:	Sta:	Offs	set:	Elevation:		
Sample Loc. Desc	cription:					
Sampled By:	Sampled On:					
Reason for Reject	tion:					
						<u> </u>
Technician	(Print / Sign)	Date	R	eviewed By	(Print / Sign)	Date
Action taken by Con	nstruction Section	ion / Resident E	ngineer:			
·						
						·
			Constructions	otion / D!:1	A Danie	Data
			Construction Se	ction / Resider (Print / Sign)	u Engineer	Date