

**RHODE ISLAND DEPARTMENT OF TRANSPORTATION
MATERIALS AND QUALITY ASSURANCE
IAST TESTS TO BE PERFORMED IN LAB REQUEST**

Counter No: _____

Date: _____

RI Contract No: _____

Sampled By: _____

Producer: _____

Location: _____

Mix No _____

Mix Type: _____

Acceptance

Independent

Info Only

P. Engineering

Check off which IAST tests need to be done on sample:

BURNOFF - ASPHALT CONTENT

BURNOFF - GRADATION

BULK SPECIFIC GRAVITY - MARSHAL

BULK SPECIFIC GRAVITY - SUPERPAVE

RICE - THEORETICAL MAXIMUM DENSITY

Plant Technician _____ Date _____
(Print / Sign)

Received By _____ Date _____
(Print / Sign)