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 (Print / Sign)  Date  Received By (Print / Sign)  Date
ID# WP4 - 365

REV. 4/25/16