PLANT, LAB, & EQUIPMENT DEFICIENCY REPORT

MATERIALS INSPECTOR:

Plant Name: ___________________________ Plant Location: ___________________________
Type of Deficiency: ___________________________
Deficiency Description: ___________________________

Sign Print Date Time
Materials Representative

CONTRACTOR REPRESENTATIVE:

Received By: ___________________________
Sign Print Date Time

Action Taken by Contractor:

1. New equipment ordered. (Please provide copy of purchase order.)
2. Equipment has been repaired to meet RIDOT specifications. (Please describe repair.)

Sign Print Date Time

3. Other – Explain: ___________________________

completed: ___________________________
Sign Print Date Time
Contractor Representative

NOTE: Failure to take corrective action in 48 hours from receipt of report will result in suspension of production for RIDOT projects.

After signing scan and email to Materials Section and to Materials Plant Inspector:

RIDOT – Materials Section
2 Capitol Hill, Rm. 018
Providence, RI 02903
Fax # 401-222-3489

MATERIALS OFFICE:

Sign Print Date Time
Completed Form Received By