RHODE ISLAND DEPARTMENT OF TRANSPORTATION
MATERIALS MANAGEMENT
NUCLEAR DENSITY TEST OF SOILS REPORT

Office

Resident: _____

Item No: _____ Date: _____

RI Contract No: _____ PTSID: _____ F.A.P. No: _____

Project: _____ Location: _____

Gauge No: _____ Daily Std: Density: _____ Moisture: _____

Acceptance ☐ Independent ☐ Info Only ☐

Soil Description:			Referenced Lab No:
A	Theoretical Max Dry Density (lbf/ft3): Corrected for oversize, **AMDD** from Proctor Test T-180		Opt. Moisture (%): From Proctor Test T-180

Section (Lot) Details / Notes:

	Section Begin (station):		Section End (station):
B	Total Length of Section (ft):	C	Average Width of Section (ft):
D	Approx. Area of Section (ft^2): **[B x C]**		
E	Approx. Lift Thickness (ft):	F	No. of Lifts Represented:
G	Minimum No. of tests: **F x (D*E/27000) Always round up**	H	Sublot Length (ft): **[B/G]**

	Test Number	1	2	3	4
I	Sublot Begin (station):				
J	Random #1 (0.0001-1.0000):				
K	Random Length: **[H x J]**				
L	Random Station: **[I+K]**				
M	Width @ Location L:				
N	Random #2 (0.0001-1.0000):				
P	Random Offset: **[N x M]**				
	Offset: feet Rt. / Lt. of Center				
	Elevation:				
	Probe Depth (in):				
	Field Moisture Content (%):				
	Field Nuclear Wet Density (lbf/ft^3):				
Q	Field Nuclear Dry Density (lbf/ft^3):				
R	% Theoretical Max Dry Density: **[(Q/A) x 100]**				
	Specification:				

Meets Spec ☐ **Does Not Meet Spec** ☐ **Info Only** ☐

Remarks: _____

_____

_____ _____

Technician (Print / Sign) Date Reviewed By (Print / Sign) Date