

**RHODE ISLAND DEPARTMENT OF TRANSPORTATION
MATERIALS MANAGEMENT
METHOD SPECIFICATION FOR FIELD COMPACTION**

Office _____
Resident: _____

Item No: _____		Date: _____	
RI Contract No: _____	PTSID: _____	F.A.P. No: _____	
Project: _____		Location: _____	

Acceptance Independent Info Only

Soil Description: _____	Lab No: _____
Material contains _____ % oversize (+3/4" Stone).	
Materials containing more than 30% retained on the 3/4 sieve do not comply with the parameters set by AASHTO T 180 and/or AASHTO T 99 and therefore, a Method Specification for field compaction of soils is used to certify adequate compaction on the project.	
Date of Test Strip: _____	Number of roller passes _____ (minimum)

Section Details / Notes:

Begin Station: _____	End Station: _____
Elevation: _____	Elevation: _____
Offsets: _____	Offsets: _____
Length of Section (ft): _____	Average Width of Section (ft): _____
Approx. Lift Thickness (in): _____	Estimated Quantity (CY): _____

Compaction Equipment:

Make: _____	Model: _____	ID No.: _____
Weight (lbs): _____	Energy Rating (lbs): _____	Vibration / Static Rolling (Circle)

Section Observations

<input type="checkbox"/> Material is consistent with test sample	<input type="checkbox"/> No pumping or flexing under compaction equipment
<input type="checkbox"/> Area is firm with no tire ruts and minimal roller marks	<input type="checkbox"/> No visual areas of segregation
Apparent Moisture: <input type="checkbox"/> Dry <input type="checkbox"/> Damp/Moist <input type="checkbox"/> Wet	

Roller Pattern Observations

Location #	1	2	3
Station			
Offset			
No. of Proof Roll Passes			

Remarks: _____

Approved Not Approved

Inspector _____ (Print / Sign) Date _____ Reviewed By _____ (Print / Sign) Date _____