

RHODE ISLAND DEPARTMENT OF TRANSPORTATION
MATERIALS MANAGEMENT
RETROREFLECTIVITY OF PAVEMENT MARKINGS (ASTM D7585)

Office _____

Resident: _____

Item No: _____	Date: _____
RI Contract No: _____	PTSID: _____ F.A.P. No: _____
Roadway Name/Town: _____	Length Tested (LF): _____
Roadway Limits: _____	
Acceptance <input type="checkbox"/>	Independent <input type="checkbox"/>
Info Only <input type="checkbox"/>	P. Engineering <input type="checkbox"/>

Stripe Color: _____ Contractor: _____

Date Applied: _____ # of Days: _____ Spec: 2 - 60 Days

LTL Meter Serial No: _____ LTL ID Code: _____

Calibrated Initially: Yes No Verified after reading / ID number(s): _____

Section 1 start near (loc / spacing):

1		6		11		16	
2		7		12		17	
3		8		13		18	
4		9		14		19	
5		10		15		20	
Average:							

Section 2 start near (loc / spacing):

1		6		11		16	
2		7		12		17	
3		8		13		18	
4		9		14		19	
5		10		15		20	
Average:							

Section 3 start near (loc / spacing):

1		6		11		16	
2		7		12		17	
3		8		13		18	
4		9		14		19	
5		10		15		20	
Average:							

Specification (Average Min.)				Average:	
	Long Line	Yellow ≥ 225	White ≥ 350		
	Handwork	Yellow ≥ 175	White ≥ 250	Total Average:	

Meets Spec Does Not Meet Spec Info Only

Remarks: _____

 Technician(s) (Print / Sign) Date

 Reviewed By (Print / Sign) Date