

**RHODE ISLAND DEPARTMENT OF TRANSPORTATION  
MATERIALS MANAGEMENT  
GUARDRAIL AND POST GALVANIZED COATING REPORT  
(12 mil / Grade 65 Rail; W6 x 8.5 / Grade 75 Post)**

Office \_\_\_\_\_

Resident: \_\_\_\_\_

RI Contract No: _____	Date: _____
Location: _____	
Acceptance <input type="checkbox"/>	Info Only <input type="checkbox"/>

Acceptance Team: \_\_\_\_\_ Item No: \_\_\_\_\_

1.) Station/Location: _____						
Check: <input type="checkbox"/> Std Rail: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Peak <input type="checkbox"/> Valley <input type="checkbox"/> End <input type="checkbox"/> Leading <input type="checkbox"/> Trailing						
<input type="checkbox"/> Post: <input type="checkbox"/> Thrie Beam Rail: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Peak <input type="checkbox"/> Valley <input type="checkbox"/> Web <input type="checkbox"/> Flange						
Reading	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	SPEC: 2.6 Mils Rail Min. 3.0 Mils Post Min.
Value (mil)						Average:
2.) Station/Location: _____						
Check: <input type="checkbox"/> Std Rail: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Peak <input type="checkbox"/> Valley <input type="checkbox"/> End <input type="checkbox"/> Leading <input type="checkbox"/> Trailing						
<input type="checkbox"/> Post: <input type="checkbox"/> Thrie Beam Rail: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Peak <input type="checkbox"/> Valley <input type="checkbox"/> Web <input type="checkbox"/> Flange						
Reading	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	SPEC: 2.6 Mils Rail Min. 3.0 Mils Post Min.
Value (mil)						Average:
3.) Station Location: _____						
Check: <input type="checkbox"/> Std Rail: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Peak <input type="checkbox"/> Valley <input type="checkbox"/> End <input type="checkbox"/> Leading <input type="checkbox"/> Trailing						
<input type="checkbox"/> Post: <input type="checkbox"/> Thrie Beam Rail: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Peak <input type="checkbox"/> Valley <input type="checkbox"/> Web <input type="checkbox"/> Flange						
Reading	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	SPEC: 2.6 Mils Rail Min. 3.0 Mils Post Min.
Value (mil)						Average:
4.) Station Location: _____						
Check: <input type="checkbox"/> Std Rail: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Peak <input type="checkbox"/> Valley <input type="checkbox"/> End <input type="checkbox"/> Leading <input type="checkbox"/> Trailing						
<input type="checkbox"/> Post: <input type="checkbox"/> Thrie Beam Rail: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Peak <input type="checkbox"/> Valley <input type="checkbox"/> Web <input type="checkbox"/> Flange						
Reading	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	SPEC: 2.6 Mils Rail Min. 3.0 Mils Post Min.
Value (mil)						Average:
5.) Station Location: _____						
Check: <input type="checkbox"/> Std Rail: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Peak <input type="checkbox"/> Valley <input type="checkbox"/> End <input type="checkbox"/> Leading <input type="checkbox"/> Trailing						
<input type="checkbox"/> Post: <input type="checkbox"/> Thrie Beam Rail: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Peak <input type="checkbox"/> Valley <input type="checkbox"/> Web <input type="checkbox"/> Flange						
Reading	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	SPEC: 2.6 Mils Rail Min. 3.0 Mils Post Min.
Value (mil)						Average:

Meets Spec  Does Not Meet Spec  Info Only

Remarks: _____ _____
-------------------------

Technician \_\_\_\_\_ (Print / Sign) Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ (Print / Sign) Date \_\_\_\_\_