

**RHODE ISLAND DEPARTMENT OF TRANSPORTATION  
MATERIALS MANAGEMENT  
FILM THICKNESS MEASUREMENT WORKSHEET**

Office  
Resident

\_\_\_\_\_

Item No: _____	Date: _____
RI Contract No: _____	PTSID: _____
F.A.P. No: _____	Location: _____
Project: _____	_____
Acceptance <input type="checkbox"/>	Independent <input type="checkbox"/>
Info Only <input type="checkbox"/>	P. Engineering <input type="checkbox"/>

Piecemark: \_\_\_\_\_

Area: \_\_\_\_\_

Gauge Used: \_\_\_\_\_

	1	2	3	4	5
A					
B					
C					
Average					

	1	2	3	4	5
A					
B					
C					
Average					

	1	2	3	4	5
A					
B					
C					
Average					

**Meets Spec**

**Does Not Meet Spec**

**Info Only**

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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