

**RHODE ISLAND DEPARTMENT OF TRANSPORTATION  
MATERIALS MANAGEMENT**

Office \_\_\_\_\_

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

**PAVEMENT SURFACE TEST REPORT (ASTM E965)**

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

Lot Begin (station): _____	Lot End (station): _____
Total Length of Lot (ft): _____	Total Width of Lot (ft): _____

	Test Number	1	2	3	4
<b>A</b>	Sublot Begin (station):				
<b>B</b>	Length of Sublot (1500 ft or less):				
<b>C</b>	Random # 1 (0.0001 – 1.0000):				
<b>D</b>	Random Length: [B x C]				
<b>E</b>	Random Station: [A+D]				
<b>F</b>	Width @ Location E:				
<b>G</b>	Random # 2 (0.0001 – 1.0000):				
<b>H</b>	Random Offset: [F x G]				

<b>I</b>	Time 1				
<b>J</b>	Time 2				
<b>K</b>	Time 3				
<b>L</b>	Time 4				

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

Meets Spec       Does Not Meet Spec       Info Only

Inspector \_\_\_\_\_ (Print / Sign)      Date \_\_\_\_\_  
 ID# TF4 – 410

Reviewed By \_\_\_\_\_ (Print / Sign)      Date \_\_\_\_\_  
 REV. 4/25/19