RHODE ISLAND DEPARTMENT OF TRANSPORTATION
MATERIALS MANAGEMENT

Office
Resident
Crew

NON-TESTED MATERIAL REPORT

Item No: _____ Date: _____

RI Contract No: _____ PTSID: _____ F.A.P. No: _____

Project Name: _____

Acceptance ☐ Independent ☐ Info Only ☐ P. Engineering ☐

Lab No: _____

Name of Material: _____

Supplier: _____

Sample Location: Sta: _____ Offset: _____ Elevation: _____

Sample Loc. Description: _____

Sampled By: _____ Sampled On: _____

Reason for Not Testing: _____

_____

_____

_____

_____

_____

_____

_____

_____

Technician (Print / Sign) Date

Reviewed By (Print / Sign) Date