

**RHODE ISLAND DEPARTMENT OF TRANSPORTATION
MATERIALS MANAGEMENT
DAILY FIELD ACTIVITY TECHNICIAN REPORT**

TECHNICIAN: _____

DATE: _____

RIC No.	Const. Personnel	QC	A Soil/Gravel		Pass/Fail?	Informed Const. Inspector?	B Asphalt		Pass/Fail?	Informed Const. Inspector?	C Concrete		Pass/Fail?	Informed Const. Inspector?	D Misc.		Pass/Fail?	Informed Const. Inspector?
	Name	Y/N	Samples	Tests			Samples	Tests			Samples	Cylinders			Samples	Tests		
1																		
2																		
3																		
4																		
5																		
6																		
7																		
Notes/Comments: (Reference Row/Column)																		

Technician (Sign) Date