



Please submit request to Email: FTI.test.requests@dot.ca.gov, Fax: (916) 227-1083, Tel: (916) 227-1000

In-Situ Test Request Form

Project Name: _____ Bridge No (if Applicable): _____

Dist/Co/Rte/PM: _____

EFIS ID: _____ Phase: _____ Subject Code: _____ Reporting Code: _____

Design Geoprofessional Name & Phone No: _____

Design Branch Chief: _____ (print) _____ (signature)

Date of Request: _____ PRSM Total Hours Allocated: _____

Type of In-Situ Test Requested

Pressure Meter Test (PMT)

Van Shear Test (VST)

Percolation Test

Groundwater Monitoring

SPT Hammer Efficiency Test

Vibration Monitoring

Other Test _____

Estimated Number of Tests: _____ Maximum Testing Depth (feet): _____

Requested Starting Date: _____ Requested Completion Date: _____

Project Site Information

Traffic Control: Lane Closure Ramp Closure Shoulder Closure N/A

Utilities Clearance: USA Ticket#: _____

Permits required: _____ (please attach copy of all permits)

Remarks:

Please attach map/plan showing direction to the site and test locations. Please reference locations to latitude/longitude or Dist/Co/Rte/PM station and offset, if possible. The geoprofessional is responsible for coordination of traffic control, drilling services and any specific test requirements.

For FTI Use Only

Tracking Number	FTI Rep	Date Tested	Date of Report	Deadline
Comments:				