

FWD -Field Test Report
Seasonal Testing Project

Test Date		File Name	
Contract Number		Test Start Time	
Rt., Reg., County, Town		Test End Time	
Site #		Test Interval & Type	
Resident Engineer		Direction-Lane-Where	
Phone Number		Sequence Flow	
Other Contact Name		Purpose of Testing	
Phone Number		Season	
FWD Operator		Weather	
FWD Number		RM Start/End	

DMI - Zero Reference	
Frost Tube Reference	

Frost & Ground Temperature Measurements

	Time	Frost Depth (mm)		Ground Temp (C)	Surface Temp (C)	Air Temp(C)	Comments
		Upper:	Lower:				
Pre FWD							
Post FWD							

FWD Test #	DMI	Air Temp (C)	Surface Temp (C)	Ground Temp (C)	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

General Comments: