



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

## Slope Inclinator (SI) Test Request Form

Design Geoprofessional Name & Phone No: \_\_\_\_\_

Design Branch Chief: \_\_\_\_\_ (print) \_\_\_\_\_ (signature)

Project Name: \_\_\_\_\_ Bridge No (if Applicable): \_\_\_\_\_

Dist/Co/Rte/PM: \_\_\_\_\_ PRSM Hours Allocated: \_\_\_\_\_

EFIS ID: \_\_\_\_\_ Phase: \_\_\_\_\_ Subject Code: \_\_\_\_\_ Reporting Code: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Requested Starting Date: \_\_\_\_\_

Estimate Monitoring Interval: \_\_\_\_\_ Estimate Completion Date: \_\_\_\_\_

### Site Information

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.

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

Permits required: \_\_\_\_\_ (please attach copy of all permits)

SI ID Designation	Depth (ft)	Date Ready for Monitoring	Type of Monitoring
			Initial Subsequential

### Remarks:

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For FTI Use Only

Tracking Number	FTI Rep	Date Tested	Date of Report	Deadline

**Comments:** \_\_\_\_\_