

SPECIALIZED TESTING

TEST SPECIMEN AND COMPRESSIVE STRENGTH DATA SHEET

PROJECT NAME _____ INSPECTOR'S NAME _____

PROJECT ADDRESS _____ INSPECTOR'S LICENSE NO. _____

_____ INSPECTOR'S SIGNATURE _____

PERMIT NUMBER _____ FIELD IDENTIFICATION _____

CAST DATA (ATTACH DATA SHEET OF OTHERS WHEN AVAILABLE)

CAST DATE	DESCRIPTION	Concrete	Grout	Mortar	Shotcrete	Masonry Prism	Other _____
CONTRACTOR	SPECIFIED F'c - PSI					CEMENT TYPE	
CONC. SUPPLIER	CAST BY					ADMIXTURE	
PLANT	NO. OF SAMPLES					SLUMP	
MIX DESIGN NO.	TOTAL YARDS					AIR CONTENT	
TICKET NUMBER	CAST/MIX TIME					AIR/CONC TEMP.	
LOCATION OF POUR							
NOTES							
BILL TO							
TEST SCHEDULE	_____ at 7-Days _____ at 28-Days _____ at _____ Days _____ at _____ Days Other _____						

LABORATORY COMPRESSIVE STRENGTH DATA

DATE SPECIMENS RECVD		EQUIPMENT USED	
REPORT DATE		SN OF EQUIPMENT	
TECHNICIAN INITIALS		CALIB. / RECAL. DATE	

SPECIMEN IDENTIFICATION NUMBER	AGE AT TEST (DAYS)	DATE OF TEST	TIME OF TEST	SPECIMEN DIMENSIONS-IN. ¹				AREA SQ. IN.	LOAD LBS.	F'c PSI	BREAK TYPE ²
				1 IN.	2 IN.	3 IN.	4 IN.				

¹Dimensions 1 and 2 = Diameters; Dimensions 3 and 4 = Height; NA if Cylinder l/d>1.8
²Break Type Designation Per ASTM C39 Figure 2: a = Cone, b = Cone and Split, c = Cone and Shear, d = Shear, e = Columnar