# 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. | | | | |
| | | | | | | | | | | | |
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[1]Dimensions 1 and 2 = Diameters: Dimensions 3 and 4 = Height; NA if Cylinder l/d > 1.8

[2]Break Type Designation Per ASTM C39 Figure 2: a = Cone, b = Cone and Split, c = Cone and Shear, d = Shear, e = Columnar



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