



# MULTI-SET CONCRETE TEST SPECIMEN DATA SHEET

PROJECT NAME	CONCRETE SUPPLIER	BILL TO
PROJECT ADDRESS	SPECIFIED PSI	INSPECTION FIRM
PERMIT NUMBER	MIX DESIGN NUMBER	INSPECTOR'S NAME
CONTRACTOR	CEMENT TYPE	INSPECTOR'S LICENSE NO.
TOTAL NO. OF SAMPLES	ADMIXTURE	CAST DATE

SET NUMBER	PLANT	TICKET NUMBER	NO. OF SAMPLES	TOTAL YARDS	CAST TIME	MIX TIME	SLUMP	AIR TEMP.	CONCRETE TEMP.	LOCATION OF POUR

NOTES:

### TEST SCHEDULE FOR ALL SAMPLES

\_\_\_\_\_ 3-DAYS \_\_\_\_\_ 7-DAYS \_\_\_\_\_ 14-DAYS \_\_\_\_\_ 28-DAYS \_\_\_\_\_ AT \_\_\_\_\_ DAYS \_\_\_\_\_ AT \_\_\_\_\_ DAYS