



TEST SPECIMEN AND COMPRESSIVE STRENGTH DATA SHEET
 PROJECT AND CAST DATA (PERFORMED BY OTHERS AND NOT VERIFIED BY LAB)

PROJECT NAME: _____ INSPECTION FIRM OR CLIENT: _____

PROJECT ADDRESS: _____ INSPECTOR'S NAME: _____

_____ INSPECTOR'S LICENSE NO.: _____

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 (C143)	
MIX DESIGN NO.		TOTAL YARDS					AIR TEMP(C1064)	
TICKET NUMBER		CAST / MIX TIME					CONCRETE TEMP(C1064)	
LOCATION OF POUR								
NOTES								
BILL TO								
TEST SCHEDULE	_____ 3-Days _____ 7-Days _____ 14-Days _____ 28-Days _____ at _____ Days _____ at _____ Days							

FOR LABORATORY USE ONLY - LABORATORY COMPRESSIVE STRENGTH DATA

DATE SPECIMENS RECVD.		EQUIPMENT USED	
REPORT DATE		SN OF EQUIPMENT	
TECHNICIAN		CALIB. DATE	

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

²Dimensions 1 and 2 = Diameters; Dimensions 3 and 4 = Height; NA if Cylinder 2.2 > l/d > 1.8
³Break Type Designation Per ASTM C39 Figure 2: 1 = Cone, 2 = Cone and Crack, 3 = Columnar, 4 = Diagonal, 5 = Side Fracture, 6 = Side Fracture Point