

CONCRETE & GROUT STRENGTH TEST REPORT

HWY-LS District Lab

Sample No: VJC- Project No: _____ Date: _____

Project: _____ Island: _____ Charge Code/Work Order: _____

Sampled By: _____ Date & Time Sampled: _____

Concrete/Grout Supplier: _____ Plant Location: _____

Type of Concrete/Grout: _____ Concrete Mix No.: _____

Truck No: _____ Time Concrete Left Plant: _____ Quantity Water Added on Jobsite (gal): _____

Slump (C143/T119): _____ Temperature (C1064): _____ Cubic Yards in Truck When Water Added: _____

Density (C138/T121): _____ Air Content (C231/T152 or C173/T196): _____ Grout Flow (C939): _____

Unit of Concrete/Grout Sampled: _____ Quantity of Concrete/Grout Represented: _____

Concrete/Grout is Being Used In: _____

Pay Item No.: _____

Initial Curing Method: Cover with Removable lid Other method: _____

Curing Temperature Max: _____ Min: _____

Remarks: _____

Submitted By: _____ E-mail: _____ Phone No.: _____ Agency: _____

For HWY-L and District Lab Use

ID No.	Test Age (Days)	Test Date	Weight (gms)	Density (lbs/cf)	Diameter (in)	Length (in)	Area (sq in)	Max Load (lbs)	Strength (psi)	Frac. Type	Tested By	Remarks
A												
B												
C												
D												
E												
F												
G												
H												
I												

TEST METHOD _____ C39/T22 _____ C78/T97 _____ C109/T106 _____ C617/T231 _____ C/1231 Other: _____	FRACTURE TYPE 1 2 3 4 5 6	Sample Received By & Date: _____ Condition of Sample: _____ _____ _____
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Accepted Failed Specified Strength Other _____

Contact Name/E-Mail: _____ Reviewer: _____ Date: _____