

School District: _____
 Attn: _____
 Address: _____

DSA FILE # _____
 DSA APPL. # _____
 DSA / LEA # _____

COMPRESSION TEST REPORT

Project Name: _____ Location in Structure: _____
 Sampled By: _____ Report Date: _____

SAMPLING INFORMATION Material: Concrete Grout Mortar Other _____

	Actual	Spec	Notes: All items must be filled in
Slump, ASTM C143 (inches):			Set #: ____ Time Sampled: _____
Percent Air, ASTM C231 (%):			Mix Number: _____
Unit Weight, ASTM C138 (pcf):			Req'd Strength, 28 days (psi): _____
Air Temperature (°F):			Concrete Supplier: _____
Mix Temperature, ASTM C1064 (°F):			Truck #: ____ Ticket #: _____

Specimens were fabricated in accordance with ASTM C31
 YES NO

Specimens were tested in accordance with ASTM C39
 YES NO

TESTING INFORMATION

Identification						
Date Received:						
Date Sampled:						
Age in Days:						
Date Tested:						
Diameter (in.):						
Cross Sect. Area (in. ²):						
Maximum Load (lbs.):						
Compr. Strength (psi):						
Fracture Type:						

ASTM Test Method _____

The Material WAS WAS NOT
 SAMPLED AND TESTED IN ACCORDANCE WITH
 THE REQUIREMENTS OF THE DSA APPROVED DOCUMENTS.

The Material Tested MET DID NOT MEET
 THE REQUIREMENTS OF THE DSA APPROVED DOCUMENTS.

REMARKS: _____

cc: Project Architect
 Structural Engineer
 Project Inspector
 DSA Regional Office

 Signature

 Date

 Print Name / Title