# COMPACTION TEST REPORT

**Project Name:** ____________________________  **Project #:** _______________________  **ASTM Test Method:** ____________

**Project Location:** ____________________________  **Technician:** ______________________  **Report Date:** _____________

## LOCATION KEY

- **BF:** Backfill
- **BP:** Building Pad
- **FTG:** Footing
- **TR:** Trench

## ELEVATION KEY

- **SG:** Subgrade
- **FG:** Finish Grade
- **AB:** Aggregate Base
- **FSG:** Finish Subgrade
- **FAB:** Finish Agg. Base
- **BTM:** Bottom

### TEST # | LOCATION | PROBE DEPTH | ELEV. | %MOIST. | DRY DENSITY | CURVE # | % REL. COMPACTION |
|-------|----------|------------|-------|----------|-------------|---------|-------------------|

### Lab Curve # | Soil Type / Description | Optimum Moisture (%) | Max Dry Density (PCF)
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### REMARKS:

**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.

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cc: Project Architect  
    Structural Engineer  
    Project Inspector  
    DSA Regional Office

Gauge #: ________  
Moisture Standard #: ________  
Density Standard #: ________

Signature

Date

Pint Name / Title