

TENSION/BEND TEST REPORT

School District:			Attn:	Report Date:
School District Address:			CA	Zip:
Lab Facility/LEA #:		Exp. Date:	Lab Doc #:	Lab Job #:
School/Project Name:			DSA APPL. #:	DSA FILE #:
Structure:		Sample Location	on:	
Sample Date:	Sampled By:			

TESTING INFORMATION

ASTM Specification	Specified Grade				
Specimen ID:					
Date Tested:					
Manufacturer:					
Heat Number:					
Bar No.:					
Yield Point (lbs.):					SPEC.
Maximum Load (lbs.):					
Yield (psi):					
Tensile Strength (psi):					
Elongation Spec. (%):					
Elongation (%):					
Bend Results:					
Pass/Fail:					
Full Size Specimen(s) Applicable ASTM Test Methods:	Reduce	ed Size Specime	en(s)		

REMARKS:

ADDITIONAL COMMENTS (Form DSA 211) ATTACHED.

THE MATERIAL 🗆 WAS 🗆 WAS NOT

SAMPLED AND TESTED IN ACCORDANCE WITH THE REQUIREMENTS OF THE DSA-APPROVED DOCUMENTS.

THE REQUIREMENTS OF THE DSA-APPROVED DOCUMENTS.

Signature:

Date:_____

Print Full Name:

Email: ____

cc: DSA Regional Office, Project Architect, Structural Engineer, Project Inspector, Contractor