

## TENSION/BEND TEST REPORT

School District: \_\_\_\_\_ Attn: \_\_\_\_\_

School District Address: \_\_\_\_\_ CA Zip: \_\_\_\_\_

LEA #: \_\_\_\_\_ DSA FILE #: \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_\_ DSA APP #: \_\_\_\_\_ - \_\_\_\_\_

Lab Facility: \_\_\_\_\_ Lab Doc. #: \_\_\_\_\_ Lab Job #: \_\_\_\_\_

Project Name: \_\_\_\_\_ Structure: \_\_\_\_\_

Sample Location: \_\_\_\_\_ Sampled by: \_\_\_\_\_

Sample Date: \_\_\_\_\_ Report Date: \_\_\_\_\_

### 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)

Reduced Size Specimen(s)

Applicable ASTM Test Methods: \_\_\_\_\_

REMARKS:

ADDITIONAL COMMENTS (DSA-211) ATTACHED.

**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.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Email: \_\_\_\_\_