

COMPRESSION 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:** _____

SAMPLING INFORMATION

Specified Strength _____ psi @ _____ days

Material: Concrete Grout Mortar Prisms Cores Other _____

	Actual	Spec.	Pass/ Fail?
Slump (inches)			
Percent Air (%)			
Unit Weight (pcf)			
Air Temperature (°F)			
Mix Temperature (°F)			

Mix Number: _____ Load #: _____

Concrete Supplier: _____

Truck #: _____ Ticket #: _____

Time Batched: _____ Time Sampled: _____

Set #: _____ of _____ yds. of _____ total yds.

Sampled from: Chute Hose Other _____

TESTING INFORMATION

Date Samples Received _____ Curing Method _____

Identification							
Date Tested							
Age in Days							
Diameter/Size (in.)							
Correction Factor							
Cross Sect. Area (in. ²)							
Maximum Load (lbs.)							
Compr. Strength (psi)							
Fracture Type							

Applicable ASTM Test Methods: _____ Concrete: Average of 2 (28 day) tests: _____ psi

Tested by: _____ Mortar, Grout, Shotcrete: Average of 3 (28 day) tests: _____ psi

REMARKS:

ADDITIONAL COMMENTS (DSA-211) ATTACHED.

THE MATERIAL WAS WAS NOT

THE MATERIAL TESTED MET DID NOT MEET

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

THE REQUIREMENTS OF THE DSA APPROVED DOCUMENTS.

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

Signature: _____ Date: _____

Print Full Name: _____

Email: _____