

COMPRESSION 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: _____
 Sample Date: _____ Sampled By: _____

SAMPLING INFORMATION

Specified Strength _____ psi @ _____ days

Material: ☐ Concrete ☐ Grout ☐ Mortar ☐ Prisms ☐ Cores ☐ Other: _____

	Actual	Spec.	Pass/ Fail
Slump (in.)			
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 (Form 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.

Signature: _____ Date: _____

Print Full Name: _____ Email: _____

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