DSA **205**

CONCRETE MASONRY UNIT TEST REPORT

School District:_____ Attn:_____

LEA #:_____ DSA FILE #:_____

Exp. Date:_____ DSA APP #:_____ - _____

Lab Facility: _____ Lab Doc #:_____ Lab Job #:_____

School District Address:_____ CA. Zip:_____

Project Name: _____ **Structure:** _____

Report Date: _____ **Sampled At:** _____ **Sample By:** _____

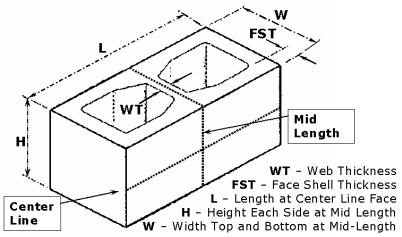
Block Manufacturer: _____ **Sample Date:** _____

Material Description: _____

Physical Properties of Units (Average)_____ Date Received:_____

Length (in.)		**Received Weight (lbs.)		Lightweight	☐	**Specimen Size:** ☐ Full
Width (in)		Moisture Content (%)		Medium Weight	☐	☐ Reduced
Height (in)		Density (pcf)		Normal Weight	☐	☐ Coupon

SUMMARY OF TESTS –	RESULTS	SPECIFIED	CONFORMANCE
Net Compressive Strength (psi):			☐ Yes ☐ No
Absorption (pcf)			☐ Yes ☐ No
Min. Faceshell Thickness (in.)			☐ Yes ☐ No
Minimum Web Thickness (in.)			☐ Yes ☐ No
Equivalent Web Thickness (in.)			☐ Yes ☐ No
Equivalent Thickness (in.)			☐ Yes ☐ No



COMPRESSIVE STRENGTH – INDIVIDUAL TEST RESULTS Date Test Started: _____

Unit #	Net Area (in^2.)	Max. Load (lbs.)	Net Compressive Strength (psi)	Reason, if Specimen is less than full size	
1				Faceshell Projections	☐
2				Unsupported Projections	☐
3				Test Machine Capacity	☐

**Received weight determined at time of delivery to the job site or from units sampled at the time and delivered to the laboratory in sealed containers for moisture content determination.

ABSORPTION & RECEIVED MOISTURE - INDIVIDUAL TEST RESULTS Date Tested:_____

Unit #	Ave. Width (in.)	Ave. Height (in.)	Ave. Length (in.)	Absorption (pcf)	Density (pcf)
4					
5					
6					

ASTM C90 Requirements: (Water Absorption max pcf – Average of 3 Units)

Lightweight – Less than 105 pcf
Medium Wt. – 105 to Less Than 125 pcf
Normal Wt. – 125 pcf or more

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: _____