

CONCRETE MASONRY UNIT TEST REPORT

School District: _____ Attn: _____ Report Date: _____

School District Address: _____ CA Zip: _____

Lab Facility/LEA #: _____ Exp. Date: _____ Lab Doc #: _____ Lab Job #: _____

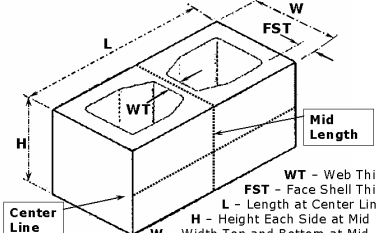
School/Project Name: _____ DSA APPL. #: _____ DSA FILE #: _____

Structure: _____ Location in Structure: _____

Sample Date: _____ Sample Location: _____ Sampled By: _____

Block Manufacturer: _____ Material Description: _____

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

Length (in.)		*Received Weight (lbs.)		Lightweight	<input type="checkbox"/>	Specimen Size: <input type="checkbox"/> Full <input type="checkbox"/> Reduced <input type="checkbox"/> Coupon
Width (in.)		Moisture Content (%)		Medium Weight	<input type="checkbox"/>	
Height (in.)		Density (pcf)		Normal Weight	<input type="checkbox"/>	
SUMMARY OF TESTS:				RESULTS	SPECIFIED	CONFORMANCE
Net Compressive Strength (psi):					<input type="checkbox"/> Yes <input type="checkbox"/> No	 <p>WT - Web Thickness FST - Face Shell Thickness L - Length at Center Line Face H - Height Each Side at Mid-Length W - Width Top and Bottom at Mid-Length</p>
Absorption (pcf)					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Min. Faceshell Thickness (in.)					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Minimum Web Thickness (in.)					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Equivalent Web Thickness (in.)					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Equivalent Thickness (in.)					<input type="checkbox"/> Yes <input type="checkbox"/> 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)		*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.
1				Faceshell Projections	<input type="checkbox"/>	
2				Unsupported Projections	<input type="checkbox"/>	
3				Test Machine Capacity	<input type="checkbox"/>	

Applicable ASTM Test Methods: _____

ABSORPTION & RECEIVED MOISTURE - INDIVIDUAL TEST RESULTS

Date Tested: _____

Unit #	Avg. Width (in.)	Avg. Height (in.)	Avg. Length (in.)	Absorption (pcf)	Density (pcf)	ASTM C90 Requirements: (Water Absorption max. pcf – Average of 3 Units)
4						Lightweight < 105 pcf
5						Medium Wt. 105 pcf to < 125 pcf
6						Normal Wt. ≥ 125 pcf

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