

## POST INSTALLED ANCHOR 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 #: \_\_\_\_\_  
 Test Date: \_\_\_\_\_ Tested By: \_\_\_\_\_

|   |
|---|
| Load Test Performed on: <input type="checkbox"/> <b>Rebar</b> <input type="checkbox"/> <b>Shotpin/Wire Assembly</b> <input type="checkbox"/> <b>Anchors</b> Installed in Concrete   |
| Method: Anchors were proof loaded to the specified load using the following apparatus:<br><input type="checkbox"/> <b>Dynamometer</b> <input type="checkbox"/> <b>Torque Wrench</b> <input type="checkbox"/> <b>Hydraulic Jack System</b> <input type="checkbox"/> <b>Scale</b> <input type="checkbox"/> <b>Other</b> |

### TESTING INFORMATION

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

| # of Anchors tested | Anchor Location/Structure | Nominal Size | Test Load (lbs. or ft. lbs.) | Specified Load/Torque | Pass/Fail | Notes |
|---------------------|---------------------------|--------------|------------------------------|-----------------------|-----------|-------|
|                     |                           |              |                              |                       |           |       |
|                     |                           |              |                              |                       |           |       |
|                     |                           |              |                              |                       |           |       |
|                     |                           |              |                              |                       |           |       |
|                     |                           |              |                              |                       |           |       |
|                     |                           |              |                              |                       |           |       |
|                     |                           |              |                              |                       |           |       |
|                     |                           |              |                              |                       |           |       |
|                     |                           |              |                              |                       |           |       |

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