

FIREPROOFING DENSITY 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: _____
 Manufacturer: _____ Lot #: _____ Type: _____
 Project Specification / Minimum Density (pcf): _____

Sample #	Sample Location	Specimen Area (sq. in.)	Average Thickness (in.)	Dry Density (pcf)	Pass/Fail

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