### 1. SOILS AND AGGREGATE

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Evaluation Records [D3740]</th>
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<tr>
<td></td>
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<td>AMRL Participation #:</td>
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<td>Last assessment: / / /</td>
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<td>PSP Participation #:</td>
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<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Equipment</th>
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<tbody>
<tr>
<td></td>
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<td>Scales and balances calib. by:</td>
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<tr>
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<td>Calibration / Verification Date: / / /</td>
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<tr>
<td></td>
<td></td>
<td>Sample splitters coarse/fine [C702/12]</td>
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<td>Mechanical shakers [C136/12]</td>
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<td>Ovens [D1557/4]</td>
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<td>Sieves calib. by:</td>
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<td></td>
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<td>Calibration / Verification Date: / / /</td>
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<td>Compaction Molds [D1557/12]</td>
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<td></td>
<td></td>
<td>Sand equivalent apparatus [D2419/12]</td>
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<td>Liquid limit Device [D4318/12]</td>
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<td></td>
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<td>Thermometers [E77/6]</td>
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<td>Straight Edges [D1557/6]</td>
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<td>Calipers [D3740/12]</td>
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<td>Sand cone apparatus [D1556]</td>
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<td>Sand [D1556/12]</td>
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<tr>
<td></td>
<td></td>
<td>Nuclear density gauges</td>
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<td>Kneading compactor (R value) calib. by:</td>
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</tbody>
</table>

### 2. REINFORCING STEEL

<table>
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<tr>
<th>Y</th>
<th>N</th>
<th>Equipment [A370]</th>
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<tbody>
<tr>
<td></td>
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<td>Grips and shims</td>
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<tr>
<td></td>
<td></td>
<td>Bend fixture and pins</td>
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<td></td>
<td></td>
<td>Extensometer for cable testing</td>
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<tr>
<td></td>
<td></td>
<td>Grip apparatus for bolt testing</td>
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<tr>
<td></td>
<td></td>
<td>Bend test apparatus for weld coupons</td>
</tr>
</tbody>
</table>
6. □ □ Measuring tools for area and elongation  

   **Universal Testing Machine [E4/12]**

   Y N Machine Information:
   7. □ □ Maker: __________ Identification Number: ______ Capacity: ______/K

   Y N Calibration Information:
   8. □ □ Calibration / Verification Date: ___ / ___ / ___ By: ____________________________

3. CONCRETE

   Y N Evaluation Records [C1077]
   1. □ □ CCRL Participation #: ________ MASONRY AGG. CONCRETE REINFORCING
   Last assessment: ___ / ___ / ___
   2. □ □ PSP Participation #: ________ MASONRY AGG. CONCRETE REINFORCING
   Last sample report: ___ / ___ / ___

   Y N Procedures / Records
   3. □ □ Specimen identification procedures ____________________________
   4. □ □ Specimen initial curing procedures ____________________________
   5. □ □ Transportation of specimens to laboratory ____________________________
   6. □ □ Cylindrical molds [C470/12]
   Date: ___ / ___ / ___

   **Curing Facilities [C511]**

   Y N Moist Room:
   7. □ □ Surfaces of all specimens moist ____________________________
   8. □ □ Spray not dripping directly on cylinders ____________________________
   9. □ □ Thermostatically controlled □ heating □ cooling ____________________________
   10. □ □ Recording thermometer check/review charts [C511/6] calib. by: ____________________________
       Calibration / Verification Date: ___ / ___ / ___
   11. □ □ Temperature @ 23.0 ± 2.0 °C ____________________________
       DSA______ °F/C Ref._______ °F/C Rec.______ °F/C
   12. □ □ Humidity not less than 95% ____________________________

   Y N Water Tanks:
   13. □ □ Water saturated with high calcium hydrated lime ____________________________
   14. □ □ Thermostatically controlled □ heating □ cooling ____________________________
   15. □ □ Recording thermometer for each tank [C511/6] calib. by: ____________________________
       Calibration / Verification Date: ___ / ___ / ___
   16. □ □ Recording thermometer for tanks connected with water circulating ____________________________
   17. □ □ Temperature @ 23.0 ± 2.0 °C ____________________________
       DSA______ °F/C Ref._______ °F/C Rec.______ °F/C

   **Capping Facilities [C617]**

   Y N Equipment:
   18. □ □ Capping plate (steel machined) > ½" thick ____________________________
   19. □ □ Capping plate 1" greater than specimen ____________________________
   20. □ □ Working surface plainness < .002 in 6" ____________________________
<table>
<thead>
<tr>
<th>LEA #</th>
<th>Date</th>
<th>Corrective Action Required</th>
</tr>
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<tbody>
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</table>

21. □ □ Free of gouges etc. > .010 deep or .05 surface area

22. □ □ Plate with recess requires ½" of plate below

23. □ □ Recess in plate ½" or less

24. □ □ Alignment device perpendicular within 1/8" – 12"

25. □ □ Melting pot for sulfur mortars

26. □ □ Exhaust hood

27. □ □ 2" cube mold with cover plate [C617/30]

28. □ □ Straight edge with feeler gage

29. □ □ All metal thermometer

**Y N Records of Capping Material: [C617]**

<table>
<thead>
<tr>
<th>Y N</th>
<th>Records of compression</th>
<th>[C617]</th>
</tr>
</thead>
</table>

30. □ □ Records compressive strength

| Calibration / Verification Date: | □ □ | By: |

31. □ □ Daily check of planeness of caps

| Calibration / Verification Date: | □ □ | By: |

32. □ □ Un-bonded pad usage records [C1231]

33. □ □ Technician certification

| Name: | ____________________________ |

**Compression Testing Machine**

**Y N Machine Information: [C39]**

34. □ □ Maker: Identification Number: Capacity: 1000/K

**Y N Calibration Information: [E4/12]**

35. □ □ Calibration / Verification Date: □ □ By: |

**Y N Apparatus:**

36. □ □ Sufficient capacity and load rate

37. □ □ Lubricated spherical bearing block

38. □ □ Blocks plane to .001" in 6"

39. □ □ Bottom bearing block 1" thick, new .9 used

40. □ □ Unbonded caps [C1231]

41. □ □ Measuring tools

**Y N Field Equipment**

42. □ □ Slump cones [C143/12] calib. by: |

| Calibration / Verification Date: | □ □ |

43. □ □ Air meter – volumetric [C173/12] calib. by: |

| Calibration / Verification Date: | □ □ |

44. □ □ Air meter – pressure [C231/4] calib. by: |

| Calibration / Verification Date: | □ □ |

45. □ □ Rebar locator (Pachometer/GPR)

46. □ □ Torque test equipment [E2428] calib. by: |

| Calibration / Verification Date: | □ □ |

47. □ □ Proof load test equipment [E488/12] calib. by: |

| Calibration / Verification Date: | □ □ |
4. MASONRY

Y N Basic Equipment:
1. ☐ ☐ Core shear test apparatus \[CBC 2105A.4]\]
2. ☐ ☐ Wet saw
3. ☐ ☐ Length change apparatus \[C426]\]
4. ☐ ☐ Cooling Chamber

Y N Measurement Equipment: \[C140]\]
5. ☐ ☐ Steel scale to 1/10”
6. ☐ ☐ Calipers
7. ☐ ☐ Cube molds and tampers \[C109/30]\]

Oven:
8. ☐ ☐ Oven of sufficient size \[C1093/4]\]
9. ☐ ☐ Ventilated oven controlled to 100° to 115°C?

Y N Compression Testing Machine
10. ☐ ☐ Maker: ___________ Identification Number: ___________ Capacity: ___________/K

Y N Calibration Information: \[E4/12]\]
11. ☐ ☐ Calibration / Verification Date: / / By:

Y N Bearing Blocks:
12. ☐ ☐ Spherically seated block
13. ☐ ☐ Blocks plane to 0.001” in 6”? Upper: ☐ Lower: ☐
14. ☐ ☐ Bearing face at least 6” in diameter?

Y N Bearing Plates: \[C140]\]
15. ☐ ☐ Single thickness plate
16. ☐ ☐ Adequate thickness
17. ☐ ☐ ¼” greater than the specimen plate dimensions
18. ☐ ☐ Plane to 0.001” in 6”

Y N Capping Plates: \[C1552]\]
19. ☐ ☐ Plate made of steel
20. ☐ ☐ Thickness not less than 1”
21. ☐ ☐ Capping surface level within 1/16”?
22. ☐ ☐ Plane to .003” in 16”?

Y N Casting Plates: \[C1552]\]
23. ☐ ☐ Made of transparent glass
24. ☐ ☐ Thickness not less than ½”
25. ☐ ☐ Plane to .003” in 16”

5. STEEL / WELDING

Y N Field Equipment
1. ☐ ☐ Bolt tension calibrator ___________ calib. by:
   Calibration / Verification Date: / / 
2. ☐ ☐ 200 to 600 ft. / lb. torque wrench \[E2428/12]\]
   calib. by:
   Calibration / Verification Date: / / 
3. ☐ ☐ 4 to 1 multiplier
4. ☐ ☐ Assortment of high impact sockets ------------------------------------------------------ ☐
5. ☐ ☐ Thickness gauges----------------------------------------------------------------------- ☐
6. ☐ ☐ Rockwell hardness [E18/12] calib. by: _____________________________________________ ☐
   Calibration Date: __________ / ______ / ______
   Calibration Date: __________ / ______ / ______
8. ☐ ☐ Fillet weld test gauge----------------------------------------------------------------- ☐
9. ☐ ☐ Impact [E23/12]----------------------------------------------------------------------- ☐
10. ☐ ☐ Dye penetrant test equipment [E165]----------------------------------------------- ☐
    Calibration / Verification Date: __________ / ______ / ______
    Calibration / Verification Date: __________ / ______ / ______
13. ☐ ☐ Radiographic test equipment--------------------------------------------------------- ☐
14. ☐ ☐ DC volt / ammeters calib. by: ______________________________________________________ ☐
    Calibration / Verification Date: __________ / ______ / ______

6. REQUIRED REFERENCE MATERIAL

Y N Codes and Standards
California Administrative Code (CAC); Title 24, Part 1
1. ☐ ☐ 2007 CAC ☐
   ☐ ☐ 2010 CAC ☐
California Building Code (CBC); Title 24, Part 2 – Volumes 1 and 2
2. ☐ ☐ 2007 CBC ☐
   ☐ ☐ 2010 CBC ☐
American Concrete Institute (ACI)
3. ☐ ☐ 318-08 ☐
   ☐ ☐ 530-08 ☐
American Institute of Steel Construction (AISC)
4. ☐ ☐ 341-05 ☐
   ☐ ☐ 360-05 ☐
American Welding Society (AWS)
5. ☐ ☐ Structural Welding Code –Steel D1.1-06 ☐
   ☐ ☐ Structural Welding Code –Sheet Steel D1.3 ☐
   ☐ ☐ Structural Welding Code –Reinforcing D1.4-05 ☐
American Society for Nondestructive Testing (ASNT)
6. ☐ ☐ CP-189-2001 ☐
Written Practice for Nondestructive Testing_____________________________________________ ☐
    Annual Book of ASTM Standards:
7. ☐ ☐ Volume 01.04 Steel; Structural and Reinforcing year: _____________________________ ☐
8. ☐ ☐ Volume 03.03 Nondestructive Testing year: _________________________________________ ☐
9. ☐ ☐ Volume 04.01 Cement, Lime, and Gypsum year: _____________________________________ ☐
10. ☐ ☐ Volume 04.02 Concrete and Aggregates year: ________________________________________ ☐
11. ☐ ☐ Volume 04.03 Road and Paving Materials year: ______________________________________ ☐
12. ☐ ☐ Volume 04.05 Mortars, Grouts, and Masonry year: _________________________________ ☐
13. ☐ ☐ Volume 04.08 Soil and Rock year: ________________________________________________ ☐
I, ____________________________ , acknowledge the deficiencies specified in this report and agree to send a written response and/or evidence of corrections (e.g. receipts, photographs…) to the Division of the State Architect (DSA) headquarters office within approximately 30 days.

Signature of Laboratory Official: ______________________________

LEA Number: __________________

DSA Representative: ______________________________