School District: _____ LEA #: _____ DSA FILE #: _____-_____

Attn: _____ Exp. Date: _____ DSA APPL #: _____

Address: _____ Lab Facility: _____

_____ CA _____ Lab Doc #: _____ Lab Job #: _____

Project Name: _____

Project Location: _____ **Report Date:** _____ **Technician:** _____

TEST #	TEST DATE	Soil Type #	LOCATION	ELEV.	% MOIST.	DENSITY (pcf) DRY	DENSITY (pcf) MAX	% REL. COMPACTION FIELD	% REL. COMPACTION SPEC.	REMARK *

Soil Type #	Soil Type / Description	USCS Soil Class	Optimum Moisture (%)	Max Dry Density (pfc)

* **REMARK:** (**1.** Denotes failing test **2.** Denotes passing retest)

☐ 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.

See Retest #(s) _____

Report Date(s) _____

cc: Project Architect
Structural Engineer
Project Inspector
DSA Regional Office

Gauge #: _____

Moisture Standard: _____

Density Standard: _____

_____
Signature Date

_____
Print Name / Title

DSA

DAILY COMPACTION TEST REPORT

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