# DSA 203

# TENSION/BEND TEST REPORT

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

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

Address: _____ Lab Facility: _____

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

**Project Name:**_____ **Structure:** _____

**Sample Location:** _____ **By:** _____ **Report Date:** _____

**Sample Date:** _____

## TESTING INFORMATION

**ASTM Specification** _____ **Specified Grade** _____

| Specimen ID: | | | | | | | |
|---|---|---|---|---|---|---|---|
| Date Tested: | | | | | | | |
| Manufacturer: | | | | | | | |
| Heat Number: | | | | | | | |
| Bar No.: | | | | | | | |
| Yield Point, lbs.: | | | | | | | SPEC. |
| Maximum Load, lbs.: | | | | | | | |
| Yield (psi): | | | | | | | |
| Tensile Strength (psi): | | | | | | | |
| Elongation Spec (%): | | | | | | | |
| Elongation (%): | | | | | | | |
| Bend Results | | | | | | | |
| Pass/Fail | | | | | | | |

☐ Full Size Specimen(s) ☐ Reduced Size Specimen(s)

Applicable ASTM Test Methods: _____ _____

REMARKS:

☐ 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.

cc: Project Architect
Structural Engineer
Project Inspector
DSA Regional Office

Signature Date

Print Name / Title