

COMPRESSION TEST REPORT

School District: _____ LEA #: _____ DSA FILE #: _____ - _____
 Attn: _____ Exp. Date: _____ DSA APPL #: _____ - _____
 Address: _____ Lab Facility: _____
 _____ CA _____ Lab Doc #: _____ Lab Job #: _____

Project Name: _____ **Structure:** _____
Location in Structure: _____ **Report Date:** _____
Sampled By _____ **Sample Date:** _____

SAMPLING INFORMATION

Specified Strength _____ **psi @** _____ **days**

Material: Concrete Grout Mortar Prisms Cores Other _____

	Actual	Spec.	Pass/ Fail?
Slump (inches)			
Percent Air (%)			
Unit Weight (pcf)			
Air Temperature (°F)			
Mix Temperature (°F)			

Mix Number: _____ Load #: _____
 Concrete Supplier: _____
 Truck #: _____ Ticket #: _____
 Time Batched: _____ Time Sampled: _____
 Set #: _____ of _____ yds of _____ total yds
 Sampled from: Chute Hose Other _____

TESTING INFORMATION

Date Samples Received _____ **Curing Method** _____

Identification							
Date Tested							
Age in Days							
Diameter/Size (in.)							
Correction Factor							
Cross Sect. Area (in. ²)							
Maximum Load (lbs.)							
Compr. Strength (psi)							
Fracture Type							

Applicable ASTM Test Methods: _____ Concrete: Average of 2 (28 day) tests: _____ psi
 Tested by: _____ Mortar, Grout, Shotcrete: Average of 3 (28 day) tests: _____ psi

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 _____