LABORATORY LETTERHEAD HERE

School District: _____

Attn: _____

Address: _____

_____

DSA FILE # _____

DSA APPL. # _____

DSA / LEA # _____

MASONRY CORE TEST REPORT

Project Name: _____ **Location in Structure:** _____

Sampled By: _____ **Report Date:** _____

TESTING INFORMATION

Core Number:				
Diameter (in.):				
Height (Rec'd), (in.):				
Date Grouted:				
Date Cored:				
Date Received:				
Shear Bond Strength (psi)				
Load (lbs.):				
Shear Strength (psi):				
Specified Strength (psi):				
Date Tested:				
Compressive Strength (psi)				
Load (lbs.):				
Compressive Strength (psi):				
Specified Strength (psi):				
Date Tested:				

Condition of Cores

_____

ASTM Test Method _____

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.

REMARKS: _____

cc: Project Architect

Structural Engineer

Project Inspector

DSA Regional Office

_____
Signature

_____
Date

_____
Print Name / Title