INDEPENDENT ASSURANCE

CONCRETE TESTS

DISTRIBUTION: Attach to Person Qualification in AASHTOWare

CONTROL SECTION	JOB NUMBER		REGION	DATE
INSPECTOR NAME & (Agency/Company)		MC	A CERTIFICATION/ EXPIRATION	

PROJECT ENGINEER NAME & (Agency/Company)

MDOT INDEPENDENT ASSURANCE TESTER OR (Representative) & OFFICE

FIELD TESTING												
AIR METER/EQUIPMENT CALIBRATION DATE				CONDITION	CONDITION							
	INSPECTOR'S RESULT					IAT TECHNICIAN RESULT ("W" if witnessed)						
AIR CONTENT												
SLUMP												
PROCEDURES WITNESSED Satisfactor			Satisfactory		Unsatisfactory			See Remarks				
CONC. TEMP.			AIR TEMP. C			CYLINDERS MADE		BEAMS MADE				
							No	Yes	No			
LAB STRENGTH TESTING												
COMPRESSION MACHINE MODEL & CALIBRATION DATE					CONDITION	CONDITION						
RESULTS	HEIC	GHT	DIAMETER	C.F.	TOTAL LOA	٨D	P.S.I.	BREAK TYPE	AVERAGE			
CYLINDER 1												
CYLINDER 2												
CURE ROOM Yes	Ν	lo	TEMP.	F	WATER BATH Yes		No	TEMP.	F			
PROCEDURES WITNESSED Satisfactory					Unsatis	Unsatisfactory See Remarks						
REMARKS												
IAT TECHNICIAN (Stamp Noting Name, Date, and Time)												