

INDEPENDENT ASSURANCE CONCRETE TESTS

DISTRIBUTION: ProjectWise

CONTROL SECTION	JOB NUMBER	REGION	DATE
INSPECTOR NAME & (Agency / Company)		MCA CERTIFICATION / EXPIRATION	
PROJECT ENGINEER NAME & (Agency / Company)			
MDOT INDEPENDENT ASSURANCE TESTER OR (Representative) & OFFICE			

FIELD TESTING

AIR METER / EQUIPMENT CALIBRATION DATE	CONDITION		
	INSPECTOR'S RESULT	IA TESTER'S RESULT ("W" if witnessed)	
AIR CONTENT			
SLUMP			
PROCEDURES WITNESSED	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> See Remarks
CONC. TEMP. F	AIR TEMP F	CYLINDERS MADE <input type="checkbox"/> Yes <input type="checkbox"/> No	BEAMS MADE <input type="checkbox"/> Yes <input type="checkbox"/> No

LAB STRENGTH TESTING

COMPRESSION MACHINE MODEL & CALIBRATION DATE				CONDITION			
RESULTS	HEIGHT	DIAMETER	C.F.	TOTAL LOAD	P.S.I.	BREAK TYPE	AVERAGE
CYLINDER 1							
CYLINDER 2							
CURE ROOM <input type="checkbox"/> Yes <input type="checkbox"/> No	TEMP. F			WATER BATH <input type="checkbox"/> Yes <input type="checkbox"/> No	TEMP. F		
PROCEDURES WITNESSED	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> See Remarks				

REMARKS

IA INSPECTOR (Signature)	DATE
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