

## JOB MIX FORMULA (JMF) CONCRETE FIELD COMMUNICATION

This form applies only to the project listed below and is not transferable to other projects  
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CONTROL SECTION	JOB NUMBER	PROJECT LOCATION	PROJECT ENGINEER	
CONCRETE SUPPLIER		PLANT LOCATION		PLANT NUMBER
GRADE OF CONCRETE	PSI REQUIREMENT	MIX DESIGN NUMBER	INTENDED USE (S)	CONTRACTOR QC PLAN Y <input type="checkbox"/> SUBMITTED? (MDOT use only) N <input type="checkbox"/>
PRIME / SUBCONTRACTOR(S)				
STANDARD SPEC DATE		QC/QA SPECIAL PROVISION DATE	JMF EFFECTIVE DATE	AGG. CORRECTION

### MATERIAL DESIGN SOURCES AND PROPERTIES

COARSE AGGREGATE	INTERMEDIATE AGGREGATE	FINE AGGREGATE
Aggregate Type _____	Aggregate Type _____	Source Name _____
Source Name _____	Source Name _____	MDOT Source No. _____
MDOT Source No. _____	MDOT Source No. _____	MDOT Series Class _____
MDOT Series Class _____	MDOT Series Class _____	Specific Gravity (Bulk Dry)* _____
Specific Gravity (Bulk Dry)* _____	Specific Gravity (Bulk Dry)* _____	Specific Gravity (Bulk SSD) optional _____
Specific Gravity (Bulk SSD) optional _____	Specific Gravity (Bulk SSD) optional _____	Absorption _____
Absorption _____	Absorption _____	Unit Weight (Dry Rodded) DR or _____
Unit Weight (Dry Rodded) DR or _____	Unit Weight (Dry Rodded) DR or _____	Unit Weight (Dry Loose) DL _____
Unit Weight (Dry Loose) DL _____	Unit Weight (Dry Loose) DL _____	Percent Crushed _____
Percent Crushed _____	Percent Crushed _____	MDOT Freeze-Thaw (F-T) Dilation _____
MDOT Freeze-Thaw (F-T) Dilation _____	MDOT Freeze-Thaw (F-T) Dilation _____	Specific Gravity (Bulk Dry) of F-T _____
Specific Gravity (Bulk Dry) of F-T _____	Specific Gravity (Bulk Dry) of F-T _____	Sample* _____
Sample* _____	Sample* _____	Date of MDOT Freeze-Thaw Report _____
Date of MDOT Freeze-Thaw Report _____	Date of MDOT Freeze-Thaw Report _____	

\* If the bulk dry specific gravity is more than 0.04 less than the bulk dry specific gravity of the most recently tested freeze-thaw sample, the aggregate will be considered to have changed characteristics and be required to have a new freeze-thaw test conducted prior to the use on Department projects.

#### CEMENTITIOUS

Cement Source / Plant	_____
Cement Type	_____
Cement Specific Gravity	_____
Fly Ash Source (distributor & plant)	_____
Fly Ash Class	_____
Fly Ash Specific Gravity	_____
Slag Cement Source	_____
Slag Cement Grade	_____
Slag Cement Specific Gravity	_____
Other	_____

#### ADMIXTURES

Air Entrainment	_____
Water Reducer	_____
Water Reducer	_____
Water Reducer	_____
Accelerator	_____
Other	_____
(Indicate Source & Product name with ticket code)	
<b>TYPE OF MIX</b>	
<b>WINTER/SUMMER</b>	_____

### MIX PROPORTIONS

Volume of Coarse Aggregate (DR) _____	Design Slump _____
Coarse Aggregate Weight (Dry) _____	Specified Slump _____
Intermediate Aggregate Weight (Dry) _____	Design Air % _____
Fine Aggregate Weight (Dry) _____	Specified Air % _____
Portland Cement Weight _____	PSI minimum required _____
Fly Ash Weight _____	Total Cementitious _____
Fly Ash Percent of Cementitious _____	Yield cu/ft _____
Slag Cement Weight _____	
Slag Cement Percent of Cementitious _____	
Total Water Weight _____	
Net Water Weight _____	
WC (as designed) _____	
Air Entrainment (dosage) _____	
Water Reducer (dosage) _____	
Other (dosage) _____	

I certify that all applicable standard test methods have been followed verifying the mix design and JMF:

Signature \_\_\_\_\_

MCA Level II Expiration Date: \_\_\_\_\_

Date: \_\_\_\_\_