

# CONCRETE FIELD CYLINDERS TEST RESULTS

Distribution: Original - Project Engineer, Copy - Region Lab.

## FIELD USE ONLY

INSTRUCTIONS: THIS AREA MUST BE FILLED IN BEFORE CYLINDERS WILL BE ACCEPTED AT TESTING LAB.

DATE CAST	CONTRACT ID #	LAB ADDRESS			
PROJECT LOCATION		DELIVERY HOURS			
POUR LOCATION (Station, Structure, etc.)		LAB EMAIL		LAB PHONE NUMBER	

## MDOT LAB USE ONLY

PROJECT ENGINEER	CONTRACTOR				
PROJECT OFFICE	SUBCONTRACTOR	DATE RECEIVED		BY (Print)	
CONCRETE COMPANY	PLANT LOCATION (City)	DATE TESTED		BY (Signature)	

TAG #	LOT #	SUBLOT #	AGE (Days)	BREAK DATE	PWL		QUANTITY (Cyds)		DATE QC DATA RECEIVED	LAB OFFICE	SPECIFICATION YEAR	AVERAGE		
					Yes	No	CONC. TEMP	AIR TEMP.				PASS	FAIL	
													PASS	FAIL
													PASS	FAIL
													PASS	FAIL
													PASS	FAIL
													PASS	FAIL
													PASS	FAIL
													PASS	FAIL
													PASS	FAIL

CONCRETE TECH/ MCA # (Print)	FIRM NAME	Per ASTM C-31 or AASHTO T-23 - Transporting Cylinders				* See ASTM C-39 (Fig. 2 Schematic) for Break Type Information.					
CONSULTANT CONTACT PERSON (Print)	PHONE NUMBER	Per ASTM C-39 - Compressive Strength									
		Cylinders Transported Vertically:		Yes	No	N/A	Moist Condition:		Yes	No	N/A
		Protected From Freezing:		Yes	No	N/A	Suitable Cushioning:		Yes	No	N/A

ADMIXTURES - WATER REDUCER (Product Name)		REMARKS / COMMENTS	
ADMIXTURES - AIR ENTRAINMENT (Product Name)			
MDOT REP. / CONSULTANT DROPPING OFF CYLINDERS (Print Name)	DATE		
CYLINDER STORAGE CONDITIONS			
Min Temp. _____	Max Temp. _____	Insulated Box	Buried
Water Bath	Blankets	Containment	None