



INSPECTIONS, INC.

FIELD DATA SHEET

PROJECT NAME: _____ INSPECTOR'S NAME: _____

PROJECT ADDRESS: _____ INSPECTOR'S LICENSE NO: _____

PERMIT NUMBER: _____ INSPECTION FIRM: _____

CAST DATE		DESCRIPTION	CONCRETE	GROUT	MORTAR	SHOTCRETE	MASONRY PRISM	OTHER
CONTRACTOR		SPECIFIED F'c - PSI					CEMENT TYPE	
CONC. SUPPLIER		CAST BY					ADMIXTURE	
PLANT		NO. OF SAMPLES					SLUMP	
MIX DESIGN NO.		TOTAL YARDS					AIR	
TICKET NUMBER		CAST / MIX TIME					AIR/CONC TEMP	

LOCATION OF POUR:	

SPECIAL INSTRUCTIONS:	

NUMBER OF SETS: 1 2 3 4 5

TEST SCHEDULE: @ 3 Days @ 7 Days @ 28 Days Other:

DATE SAMPLES PICKED UP: _____

TEST NUMBER	TEST DATE	AGE OF SAMPLE	DIAMETER	HEIGHT	AREA SQ. IN.	LOAD LBS.	BREAK TYPE ¹	COMPRESSIVE STRENGTH

REVISION 0: 08/24/2007