COLORADO DEPARTMENT OF TRANSPORTATION	Contract ID	Region	_ _ _ _ _ _ -- _ _ _ _
Concrete Cylinders Compressive Strength C39 **Cubes Compressive Strength C109** Additional methods C1064, T119, T121, T152	Project Number		
	Project Location		

Concrete Supplier:	CDOT Mix #	Item #	Description:

SAMPLE LOCATION AND FIELD TEST RESULTS

Placed at (Str. No. or station/lane/portion)		Material placed in Line Item #'s	Batch Ticket #		

Field Tester Name		Entrained Air	Slump	Concrete Temperature	Unit Weight	Yield	W/C Ratio

Specimen Data

Specimen for: **Design Adequacy** ☐ **Field Cure** ☐	Mold Date	Time	Hours Initial cure in molds	Initial cure temperature (60-80ºF) ☐ (68-78ºF) ☐	Final Cure Method Water at 73.5º ☐ Moist Room Cure 73.5º ☐
Location Stored in Field:	Manner of Protection:		Maintained moist and temperature by:		Date/Time Molds Removed

Field Comments:

Mark each specimen with Field Sheet # and Break Date	Set No.	Conc. Class	28 Day Break Date	Number of Specimens	For Cast specimens, report cast by
Sample ID					

Date Submitted to Lab	Specimens tested at: Central Lab ☐ Consultant Lab ☐ Region Lab ☐ CDOT Field Lab ☐	Required Strength_____ psi. 28 Day Average Compressive Strength _____ psi.

Type of specimen submitted	**Cylinders** ☐ 4 X 8 ☐ 6 X 12	**Cubes** ☐ 2 X 2	Other: _____

Represented Quantity	Cubic Yards ☐ Lineal Feet ☐ Square Yards ☐	Previous Qty	This Sheet	Total to Date

Cylinder Compressive Strength Results

Specimen	Break Date	Age	Diameter 1 & 2	Area	Maximum Load	PSI	Break Type	% Aggregate Fractured
1								
2								
3								
4								
5								
6								
7								

Lab Comments:	**Place IA Stamp Here:**

Submitted By:	Cell Phone No:	**Electronic Signature of IA Personnel:**

Email:	IAT: Email completed form to IA personnel
For specimens submitted to Central Lab: Submit completed form to: **cdot_conc.lab@state.co.us**	SMM/LIMS: Upload completed form into the attachment icon for the sample record
	Non-SMM/LIMS: Completed form in materials book