

COLORADO DEPARTMENT OF TRANSPORTATION Concrete Cylinders Split Tensile C496 Drilled Test Cores and Shotcrete T24 Additional method T152		Contract ID	Region	----- -- -----							
		Project Number									
		Project Location									
Concrete Supplier:		CDOT Mix #	Item #	Description:							
SAMPLE LOCATION AND FIELD TEST RESULTS											
Cores taken at: (Station/lane or structure number/location)			Cores for CP 65: Compressive Strength Method A <input type="checkbox"/> Flexural Strength Method B <input type="checkbox"/>								
Specimen Data											
Specimen for: Split Tensile <input type="checkbox"/> Drilled Cores <input type="checkbox"/>		Cored Date:	Time:	Condition specimen according to T 24, section 7.3.1	Break Date: _____ Time: _____	Specimens shall be tested 24-48 hours after removal					
Specimen for: Shotcrete <input type="checkbox"/>		Mold Date:	Time:	Cored Date:	Date Submitted for testing:	Shotcrete specimens shall be submitted in Sealed Plastic Bags					
Batch Ticket #	Entrained Air for Shotcrete:		Field Tester Name:								
Field Comments:											
Mark each specimen with Field Sheet # and Break Date		Set No.	Conc. Class	Number of Specimens	Required Strength _____ psi.						
Sample ID											
Date Submitted to Lab	Specimens tested at: Central Lab <input type="checkbox"/> Consultant Lab <input type="checkbox"/> Region Lab <input type="checkbox"/> CDOT Field Lab <input type="checkbox"/>		Average Reported Strength _____ psi								
Type of specimen submitted	Cylinders <input type="checkbox"/> Drilled Cores <input type="checkbox"/>		<input type="checkbox"/> 4 X 8 <input type="checkbox"/> 6 X 12 Other _____								
Represented Quantity	Cubic Yards	<input type="checkbox"/>	Previous Qty	This Sheet		Total to Date					
	Square Feet	<input type="checkbox"/>									
	Square Yards	<input type="checkbox"/>									
Strength Results											
Specimen	Break Date	Age	Average Diameter	Area	Average Trimmed Length	Capped Length	Maximum Load	PSI	Break Type	% Aggregate Fractured	
1											
2											
3											
Split Tensile (CP 65)		Corresponding Flexural Strength from linear equation			_____ PSI		Average PSI				
Lab Comments:					Place IA Stamp Here:						
Submitted By:			Cell Phone No:			Electronic Signature of IA Personnel:					
Email:					IAT: Email completed form to IA personnel						
					SMM/LIMS:			Upload completed form into the attachment icon for the sample record			
For specimens submitted to Central Lab: Submit completed form to: cdot_conc.lab@state.co.us					Non-SMM/LIMS: Completed form in materials book						