

CS-458A (2-07) 	REPORT OF COMPRESSIVE STRENGTH OF PORTLAND CEMENT CONCRETE	DATE COMPLETED & SENT TO DISTRICT: _____ CLASS OF CONCRETE: _____ SERIES NO.: _____ TEST FOR: ☐ DESIGN ☐ CONTROL ☐ IA ☐ QA JMF NO: _____ MIX NO.: _____																																																																																																																																
<table style="width: 100%;"> <tr> <td style="width: 33%;">Contractor: _____</td> <td style="width: 33%;">Producer: _____</td> <td style="width: 34%;">ECMS Proj. No.: _____</td> </tr> </table>			Contractor: _____	Producer: _____	ECMS Proj. No.: _____																																																																																																																													
Contractor: _____	Producer: _____	ECMS Proj. No.: _____																																																																																																																																
<table style="width: 100%;"> <tr> <td style="width: 25%;">S.R. No.: _____</td> <td style="width: 10%;">Sec.: _____</td> <td style="width: 25%;">County: _____</td> <td style="width: 40%;">Station Molded: _____</td> </tr> </table>			S.R. No.: _____	Sec.: _____	County: _____	Station Molded: _____																																																																																																																												
S.R. No.: _____	Sec.: _____	County: _____	Station Molded: _____																																																																																																																															
<table style="width: 100%;"> <tr> <td style="width: 60%;">Concrete Placed In: _____</td> <td style="width: 40%;">Date Molded: _____</td> </tr> </table>			Concrete Placed In: _____	Date Molded: _____																																																																																																																														
Concrete Placed In: _____	Date Molded: _____																																																																																																																																	
<table style="width: 100%;"> <tr> <td style="width: 35%;">Weather: _____</td> <td style="width: 25%;">Air Temp.: HI _____ LOW _____</td> <td style="width: 40%;">Relative Humidity: _____</td> </tr> </table>			Weather: _____	Air Temp.: HI _____ LOW _____	Relative Humidity: _____																																																																																																																													
Weather: _____	Air Temp.: HI _____ LOW _____	Relative Humidity: _____																																																																																																																																
<table style="width: 100%;"> <tr> <td style="width: 33%;">Acceptance Test:</td> <td style="width: 33%;">Air Content: _____</td> <td style="width: 33%;">Concrete Temp.: _____</td> <td style="width: 33%;">Slump: _____</td> </tr> </table>			Acceptance Test:	Air Content: _____	Concrete Temp.: _____	Slump: _____																																																																																																																												
Acceptance Test:	Air Content: _____	Concrete Temp.: _____	Slump: _____																																																																																																																															
<table style="width: 100%;"> <tr> <td style="width: 33%;">Verification Test:</td> <td style="width: 33%;">Air Content: _____</td> <td style="width: 33%;">Concrete Temp.: _____</td> <td style="width: 33%;">W/C Ratio: _____</td> </tr> </table>			Verification Test:	Air Content: _____	Concrete Temp.: _____	W/C Ratio: _____																																																																																																																												
Verification Test:	Air Content: _____	Concrete Temp.: _____	W/C Ratio: _____																																																																																																																															
<table style="width: 100%;"> <tr> <td style="width: 33%;">Testing Apparatus:</td> <td style="width: 33%;">Make: _____</td> <td style="width: 33%;">Serial No.: _____</td> <td style="width: 33%;">Date Calibrated: _____</td> </tr> </table>			Testing Apparatus:	Make: _____	Serial No.: _____	Date Calibrated: _____																																																																																																																												
Testing Apparatus:	Make: _____	Serial No.: _____	Date Calibrated: _____																																																																																																																															
<table style="width: 100%;"> <tr> <td style="width: 33%;">Quality Control Specimen Curing:</td> <td style="width: 33%;">First 24 HRS: Temperature: HI _____ LOW _____</td> <td style="width: 33%;">After 24 HRS: Temperature: HI _____ LOW _____</td> <td style="width: 33%;">Method _____</td> </tr> </table>			Quality Control Specimen Curing:	First 24 HRS: Temperature: HI _____ LOW _____	After 24 HRS: Temperature: HI _____ LOW _____	Method _____																																																																																																																												
Quality Control Specimen Curing:	First 24 HRS: Temperature: HI _____ LOW _____	After 24 HRS: Temperature: HI _____ LOW _____	Method _____																																																																																																																															
<table style="width: 100%;"> <tr> <td style="width: 33%;">Acceptance Specimen Curing:</td> <td style="width: 33%;">First 24 HRS: Temperature: HI _____ LOW _____</td> <td style="width: 33%;">After 24 HRS: Temperature: HI _____ LOW _____</td> <td style="width: 33%;">Method _____</td> </tr> </table>			Acceptance Specimen Curing:	First 24 HRS: Temperature: HI _____ LOW _____	After 24 HRS: Temperature: HI _____ LOW _____	Method _____																																																																																																																												
Acceptance Specimen Curing:	First 24 HRS: Temperature: HI _____ LOW _____	After 24 HRS: Temperature: HI _____ LOW _____	Method _____																																																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">TEST SPEC.</th> <th colspan="5">Maximum Applied Load - Newtons (lbs)</th> <th colspan="5">Compressive Strength - kPa (PSI) Conv. Factor = Load/182.40 (28.27)</th> </tr> <tr> <th>____ DAY QC</th> <th>7-DAY QC</th> <th>28-DAY QC</th> <th>28-DAY AT</th> <th>VERIFICATION</th> <th>____ DAY QC</th> <th>7-DAY QC</th> <th>28-DAY QC</th> <th>28-DAY AT</th> <th>VERIFICATION</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Avg.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Avg.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Avg.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>											TEST SPEC.	Maximum Applied Load - Newtons (lbs)					Compressive Strength - kPa (PSI) Conv. Factor = Load/182.40 (28.27)					____ DAY QC	7-DAY QC	28-DAY QC	28-DAY AT	VERIFICATION	____ DAY QC	7-DAY QC	28-DAY QC	28-DAY AT	VERIFICATION	1											2											Avg.											3											4											Avg.											5											6											Avg.										
TEST SPEC.	Maximum Applied Load - Newtons (lbs)					Compressive Strength - kPa (PSI) Conv. Factor = Load/182.40 (28.27)																																																																																																																												
	____ DAY QC	7-DAY QC	28-DAY QC	28-DAY AT	VERIFICATION	____ DAY QC	7-DAY QC	28-DAY QC	28-DAY AT	VERIFICATION																																																																																																																								
1																																																																																																																																		
2																																																																																																																																		
Avg.																																																																																																																																		
3																																																																																																																																		
4																																																																																																																																		
Avg.																																																																																																																																		
5																																																																																																																																		
6																																																																																																																																		
Avg.																																																																																																																																		
Quality Control & Acceptance Tests					Verification Test																																																																																																																													
SIGNATURE OF CONTRACTOR EMPLOYEE & DATE			SIGNATURE OF DOT REPRESENTATIVE & DATE			SIGNATURE OF DOT REPRESENTATIVE & DATE			SIGNATURE OF CONTRACTOR EMPLOYEE & DATE																																																																																																																									
MOLDED BY: _____			WITNESSED BY: _____			MOLDED BY: _____			WITNESSED BY: _____																																																																																																																									
CERT NO.: _____			METHOD OF CAPPING: ☐ NEOPRENE ☐ SULFUR			CERT NO.: _____			METHOD OF CAPPING: ☐ NEOPRENE ☐ SULFUR																																																																																																																									
7-DAY TESTED BY: _____			WITNESSED BY: _____			TESTED BY: _____			WITNESSED BY: _____																																																																																																																									
28-DAY TESTED BY: _____			WITNESSED BY: _____			REMARKS: _____ _____ _____																																																																																																																												
____ DAY TESTED BY: _____			WITNESSED BY: _____																																																																																																																															
DATE OF LOADING/FORM REMOVAL: _____																																																																																																																																		
DATE FIELD CURING DISCONTINUED: _____																																																																																																																																		
Inspector In Charge: _____																																																																																																																																		

PROJECT ENGINEER