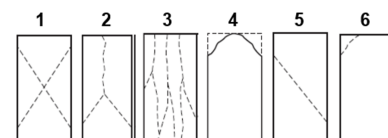


COMPRESIVE STRENGTH TEST REPORT (CSA A23.2-9C)



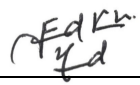
Date:
Specified Strength (MPa):
Batch Number:
Client:
Site Address:
Subclient/Contractor:



*TYPE OF FRACTURE REQUIRED WHEN CYLINDER FAILS TO MEET SPECIFIED 28 DAY STRENGTH.

Lab No	Casting Date	Receiving Date	Curing**	Age	Testing Date	Diameter (mm)	Mass of Cylinder (g)	Density (kg/m ³)	Compressive Strength (MPa)	Type of Fracture*
22-0600003A-7D-1	25-05-2022	26-05-2022	Moisture Room	52-D	01-06-2022	101.0	3710	2292	35.4	2
Mary	Ramos	19	19	19	19	19	19	19	19	19
Carlson	Banks	31	31	31	31	31	31	31	31	31
Lucas	Cimon	x	x	x	x	x	x	x	x	x
x	x	x	x	x	x	x	x	x	x	x

Mix ID:	ANS	Cylinders Cast at PLT:	ANS
Ticket ID:	ANS	Concrete Supplier:	ANS
Specified Slump (mm):	ANS	Specified Air (%):	ANS
Measured Slump (mm):	ANS	Measured Air (%):	ANS
Load No.:	ANS	Truck No.:	ANS
Concrete Temperature (°C):	ANS	Type of Mould:	ANS
Ambient Temperature (°C):	ANS	Casting Time:	ANS
Initial Curing Temperature (°C):	ANS	Time of Charge:	ANS
Casted By:	ANS	Nominal Size of Aggregate (mm):	ANS
Location:	ANS	Initial Curing Temperature (Minimum °C):	ANS
PLT #:	ANS	Initial Curing Temperature (Maximum °C):	ANS

Signature: 
Fawad Khan
Lab Manager