

Laboratory Information

Laboratory:

Technician:

Sample By:

Test Standard:

Test Date:

Report Date:

Test Method:

Sample Information

Structure:

Work Area:

Source:

Material Type:

Sample Name:

Sample Number:

Sample Date:

Elevation:

Depth From:

Depth To:

North:

East:

Test information

Oven Dry (A)		Saturated Surface Dry (B)		Sample immersed (C)	
Size (inch)	Wt (gr)	Size (inch)	Wt (gr)	Size (inch)	Wt (gr)
5"		5"		5"	
4"		4"		4"	
3.5"		3.5"		3.5"	
3"		3"		3"	
2.5"		2.5"		2.5"	
2"		2"		2"	
1.5"		1.5"		1.5"	
1"		1"		1"	
3/4"		3/4"		3/4"	
1/2"		1/2"		1/2"	
Total		Total		Total	

RESULTS

Specific Gravity (OD) =	
Specific Gravity (SSD)=	
Apparent Specific Gravity=	
Percent of Absortion =	

Laboratory Comments:

Reviewed By: _____

Date:_____

Approved By:_____

Date:_____