

Laboratory Information

Laboratory: _____ Test Standard: _____ Test Method: _____
Technician: _____ Test Date: _____
Sample By: _____ Report Date: _____

Sample Information

Structure: _____ Sample Name: _____ Depth From: _____
Work Area: _____ Sample Number: _____ Depth To: _____
Source: _____ Sample Date: _____ North: _____
Material Type: _____ Elevation: _____ 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:_____