

Project Information

Project name:

Project Number:

Client Name:

Laboratory Information

Laboratory:

Test Standard:

Test Method:

Technician:

Test Date:

Prep. Method:

Sample By:

Report Date:

Splitting Method:

Sample Information

Structure:

Sample Name:

Depth From:

Work Area:

Sample Number:

Depth To:

Source:

Sample Date:

North:

Material Type:

Elevation:

East:

Test Information

Nominal Maximum Size	
Selected Grading	
No. of Spheres	
Weight of the Spheres (g)	
Revolutions	
Initial Weight (g)	
Final Weight (g)	
Weight Loss (g)	
Weight Loss (%)	

Test Result

Comparision Information

Information	Specs	CQA % pass	CQC % pass
Weight Loss (%)	less than 45 %		

Laboratory Comments:	Field Comments/Correction Actions:

Lab Reviewed By:_____

Date:_____

DB Checked by:_____

Entered in DB by:_____

Approved By:_____