CONCRETE TEST RECORD

Work Package No: _____

Task No.:_____

PROJECT NUMBER: **PROJECT NAME:**

QUALITY CLASSIFICATION: ☐ Q ☐ RS ☐ CC

CYLINDER NO.	CAST DATE	BATCH TICKET NUMBER	COMPRESSIVE STRENGTH (PSI)	MINIMUM REQUIRED STRENGTH (PSI)	AGE TESTED	DATE TO TEST	SLUMP	CONCRETE TEMPERATURE (DEG.)	AIR CONTENT	BREAK MACHINE ID	TESTING COMPANY	LOCATION / DESCRIPTION

REVIEWED BY: **DATE:**