

FIELD INSPECTION REPORT Quality Control Form	ITP No.:			
	Inspection Gr.			
	Report No.			
	Date			
INSPECTION TYPE AGGREGATE TEST REPORT	WORK No.			
	ITEM No.			
	LOCATION			
SIGNATURE				
INSPECTION NOTICE NO.:	COMPANY	CONTRACT OR	SUBCONTRACTOR	
COMPANY'S INSPECTOR:	/ /	/ /	/ /	
CONTRACTOR INSPECTOR:				
SUBCONTRACTOR INSPECTOR				
COARSE AGGREGATE SOURCE: COARSE AGGREGATE SAMPLING	FINE AGGREGATE SOURCE: COARSE AGGREGATE SAMPLING			
DATE: _____ TIME _____ LOCATION: _____ WEIGHT: _____ g	DATE: _____ TIME _____ LOCATION: _____ WEIGHT: _____ g			
A) COARSE AGGREGATE	SPECIMEN NO.	SPECIFIC GRAVITY (g/cm ³)	ABSORPTION (%)	UNIT WEIGHT (g/cm ³)
B) FINE AGGREGATE	SPECIMEN NO.	SPECIFIC GRAVITY (g/cm ³)	ABSORPTION (%)	UNIT WEIGHT (g/cm ³)
REMARKS:				