

FIELD INSPECTION REPORT Quality Control Form			ITP No.:			
			Inspection Gr.			
			Report No.			
			Date			
INSPECTION TYPE FRESH CONCRETE and COMPRESSIVE STRENGTH TESTS			WORK No.			
			ITEM No.			
			LOCATION			
			SIGNATURE			
INSPECTION NOTICE NO.:			COMPANY	CONTRACTOR	SUBCONTRACTOR	
COMPANY'S INSPECTOR:			/ /	/ /	/ /	
CONTRACTOR INSPECTOR:						
SUBCONTRACTOR INSPECTOR:						
MIX DESCRIPTION/NUMBER:						
DATE	TIME POURED	TICKET NUMBER				
MIX PROPORTION TEST	PROPORTION TYPE					
	MAX. SIZE OF COARSE AGGREGATE (mm)					
	SPECIFIED STRENGTH: FC (KN/cm ²)					
	WATER CEMENT RATIO (%)					
	AGGREGATE RATIO (%)					
	UNIT WATER CONTENT (kg/m ³)					
	ADMIXTURE					
FRESH CONCRETE TEST	SLUMP (cm)					
	UNIT WEIGHT (kg/m ³)					
	AIR CONTENT (%)					
	FRESH CONCRETE TEMPERATURE (°C)					
	AMBIENT TEMPERATURE (°C)					
	TEST CYLINDER NUMBER					
COMPRESSIVE STRENGTH TEST	SPECIMENT		A	B	C	AVE. kN/cm ²
	AGE					
	DAYS					
	DAYS					
	DAYS					
REMARKS:						

Legend NA.: Not Applicable