

FIELD INSPECTION REPORT Quality Control Form	ITP No.:		
	Inspection Gr.		
	Report No.		
	Date		
INSPECTION TYPE CALIFORNIA BEARING RATIO TEST	WORK No.		
	ITEM No.		
	LOCATION		
SIGNATURE			
INSPECTION NOTICE NO.:	COMPANY	CONTRACTOR	SUBCONTRACTOR
COMPANY'S INSPECTOR:	/ /	/ /	/ /
CONTRACTOR INSPECTOR:			
SUBCONTRACTOR INSPECTOR			
DATE TESTED _____			
SAMPLE OR LOCATION NO. _____ DEPTH _____ m TESTED BY _____			
TYPE OF TEST LAB. TEST. _____ FIELD TEST TYPE OF SOIL UNDIST, COMPAT			
MATERIAL _____ SOAKING CONDITIN SOAKED FOR _____ HRS., UNSOAKED			
METHOD OF COMPATION: _____ BLOWS PER EACH OF _____ LAYERS _____ kg HAMMER _____ cm DROP			
PROVING RING NO. _____ SURCHARGE WEIGHT _____ kg, OF MOLD _____ cm			
WATER CONTENT			
MOLD OR TEST NO.	NO.	NO.	NO.
BEFORE SOAKING OR IN-SITU			
AFTER SOAKING			
AFTER PENET			
INITIAL OR IN-SITU DENSITY g/cm³			
MOLD OR TEST NO.	NO.	NO.	NO.
BEFORE SOAKING OR IN-SITU			
AFTER SOAKING			
AFTER PENET			
SWELL DATA			
SOKING TIME, HRS		PENET. MM	MOLD OR TEST NO.
		0.5	
SWELL IN MILIMETER	NO.		
	NO.		
	NO.		
SWELL IN PERCENT	NO.		
	NO.		
	NO.		
	NO.		
NOTE:		5.0	
STANDARD LOAD AT 2.5 mm PENET.=1370 kg		7.5	
STANDARD LOAD AT 5.0 mm PENET.=2030 kg		10.0	
LOAD ON 5cm DIA.PISTON kg			CBRAT 2.5 mm PENET.
			NO. -----
			NO. -----
			NO. -----
			AVERAGE -----
			CBR AT 5.0 mm PENET.
			NO. -----
			NO. -----
			NO. -----
			AVERAGE -----
0	1	2	3
4	5	6	7
8	9	10	11
12	13		
PENETRATION (mm)			
REMARKS:			

Legend NA.: Not Applicable
FORM No. NQF - 054