

FIELD INSPECTION REPORT Quality Control Form		ITP No.:				
		Inspection Gr.				
		Report No.				
		Date				
INSPECTION TYPE MIX PROPORTION TEST OF CONCRETE		WORK No.				
		ITEM No.				
		LOCATION				
		SIGNATURE				
INSPECTION NOTICE NO.:		COMPANY	CONTRACTOR	SUBCONTRACTOR		
COMPANY'S INSPECTOR:		/ /	/ /	/ /		
CONTRACTOR INSPECTOR:						
SUBCONTRACTOR INSPECTOR:						
MIX DESCRIPTION/NUMBER:						
DATE AND TIME TESTED:						
MIX PROPORTION	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					
	ABSOLUTE VOLUME (L/ m ³)		CEMENT			
			FINE AGGREGATE			
			COARSE AGGREGATE			
WEIGHT (kg/m ³)		CEMENT				
		FINE AGGREGATE				
		COARSE AGGREGATE				
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					
DAYS						
REMARKS:						

Legend NA.: Not Applicable