

QC/QA MAT DENSITY REPORT

Copies: _____ Project Number: _____
 Division _____ County: _____
 Project Engineer _____ Division: _____
 File _____

Contractor Testing: _____ Date: _____
 Department Testing: _____ JMF Number: _____

Pay Item Number: _____ Lot Number: _____
 Lot Pay Factor (from BMT-97): _____ Mix Number: _____
 English: _____ Metric: _____ Layer Tested: _____
 Beginning Station: _____ Ending Station: _____

Gauge Information

Gauge Manufacturer: _____ Radioactive Source: _____
 Model Number: _____ Serial Number: _____
 Density Standard: _____ D-Bias or Offset: _____
 Moisture Standard: _____ Gauge Certified Date: _____

Sub-Lot Number								
Station of Test								
Location of Test								
Layer Thickness								
	Counts	Density	Counts	Density	Counts	Density	Counts	Density
Test Number 1								
Number 2								
Number 3								
Number 4								
Average of Test								
Max Spec.Gravity								
% Density								
Core Bulk Gravity								
% Dens. from Core								

Certified Technician: _____
 Expiration Date of Certification: _____