

**TEST AND INSPECTION REPORT FOR BLOCK PRODUCTS**

Producer: \_\_\_\_\_ ALDOT Source Number: \_\_\_\_\_ Location: \_\_\_\_\_

Raw Materials	Type or Size	Material Supplier	Location	ALDOT Source Number
Cement	_____	_____	_____	_____
Fine Aggregate	_____	_____	_____	_____
Coarse Aggregate	_____	_____	_____	_____
Steel	_____	_____	_____	(See Note <sup>1</sup> )

Note<sup>1</sup>: By signing this document, I, the ALDOT Precast Products Technician for the Producer, affirm the Certified Mill Test Reports for the steel used in these products certifies the steel was manufactured in the U.S.A. and is on file at the precast facility where the product was produced.

**BLOCK PRODUCTS TESTED**

LOT NUMBER	DATE OF PRODUCTION (IF DIFFERENT THAN LOT #)	SIZE/STYLE**	PERCENT ABSORPTION	COMPRESSIVE STRENGTH	TESTING FIRM	TEST DATE
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\*Attached are testing results from the firm identified above.  
 \*\*Information based on the producers method of classifying different style or size products.

**BLOCK PRODUCTS INSPECTED**

LOT NUMBER	SIZE/STYLE**	CUBES OR PALLETS INSPECTED	BLOCKS PER CUBE OR PALLET	CUBES OR PALLETS STAMPED	BLOCKS REJECTED	TOTAL BLOCKS STAMPED ALDOT
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Note<sup>2</sup>:** As per ALDOT-364, this BMT Form shall accompany the shipment of precast products to the project site. The review sequence of this form is as follows, with each reviewer signing and dating the form in the appropriate space:  
 1st Contractor  
 2nd Project Engineer  
 3rd Division Precast Personnel

\_\_\_\_\_  
 Producer's ALDOT Precast Technician Signature  
 \_\_\_\_\_  
 Producer's ALDOT Precast Technician Name (Print) & Technician Number  
 \_\_\_\_\_  
 Date

<b>CONTRACTOR</b>	<b>PROJECT ENGINEER</b>	<b>DIVISION PRECAST PERSONNEL</b>
Print Name _____	Print Name _____	Print Name _____
Signature _____	Signature _____	Signature _____
Date _____	Date _____	Date _____