

APPENDIX B SUMMARY OF TESTS (BMT-38)

Project No.: _____ County: _____
Contractor: _____

Laboratory numbers and quantities of all tested materials incorporated in this project are listed below under the item in which they were used. This report covers all items in which tested materials are required.

Type of Material: _____
Project Manager _____ Region Engineer/Appointee _____

Lab No.	Quantity	Lab No.	Quantity	Lab No.	Quantity

Type of Material: _____

Lab No.	Quantity	Lab No.	Quantity	Lab No.	Quantity

Show quantities for each item.

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