

HAMCIN: CLSM-CDF
Engineering Data Report Form

Mixture Name:	Submittal Date:
Producer Name:	Producer Contact Person:
Producer Certification No.:	Plant Location:
Testing Company:	Testing Co. Contact Person:

Components (include all admixtures and type)	Source (company and location)

90-day Compressive Strength: _____ psi (average)	Dry Unit Weight: _____ pcf	90-day Removability Modulus (RE): _____
12-month Compressive Strength: _____ psi (average)	Dry Unit Weight: _____ pcf	12-month Removability Modulus (RE): _____

Flowability:	_____ in.	
Permeability:	_____ cm/sec.	<i>required for use where gas mains are exposed</i>
Resistivity:	_____ ohm-cm	<i>required for use where on GCWW projects or where water mains are exposed</i>
AWWA 10-point evaluation score:	_____	<i>required for use where on GCWW projects or where water mains are exposed</i>

Attach all test results

For office use only

Mixture Certification

Mixture Certification No.: _____

Approved by: _____ Date: _____

Acceptable for: Gas mains GCWW:

Additional Special Conditions for Use: _____