

<b>Project #:</b>		<b>Report #:</b>	
<b>Project Name:</b>		<b>Date:</b>	
<b>Address:</b>		<b>Weather:</b>	
<b>Client:</b>		<b>Inspector:</b>	
<b>Start Time:</b> 6:00 am <b>End Time:</b> 4:30 pm <b>Lunch Time:</b> 00:30		<b>ST:</b> 8:00 <b>OT:</b> 2:00 <b>DT:</b> - <b>NS:</b> - <b>NSOT:</b> - <b>NSDT:</b> -	

**Field Data**

<b>Location:</b>	<b>Activity/ Material:</b> Soil compaction Testing-
<b>Contractor (Prime/Sub):</b>	<b>Project Spec.:</b>
<b>Permit #:</b> No Permit	<b>File # / Inspection Request #:</b> -

**Summary of Work Perform**

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<b>Sample Type:</b> N/A	<b>Quantity:</b> N/A	<b>Jobsite Injury:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Reported to:</b> -
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**Compliance with Terms of the Contract**

**Testing Performed:**  Yes  No  N/A    **Attached Forms:**  Yes  No  N/A    **TQF Equipment Used:**  Yes  No  N/A

**Corrective/ Remedial Actions Taken:**  Yes  No

**Conversations/ Instructions given from the Owner (Include Name):**  Yes  No -

**Remarks:**

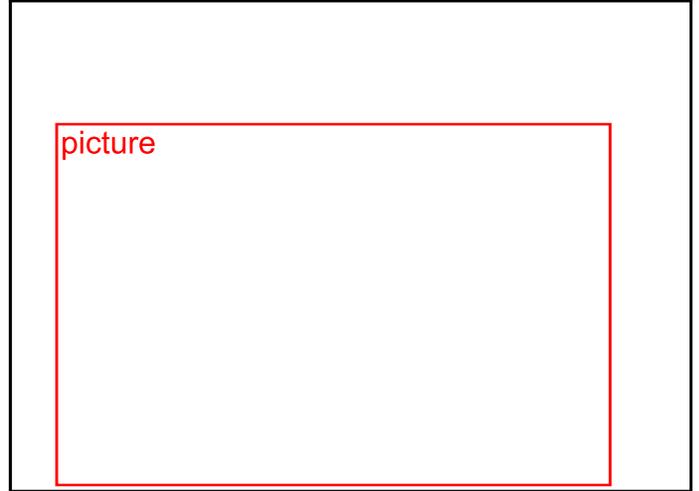
**Report Copied To:** -

**Work Performed:**  Met  Did not meet

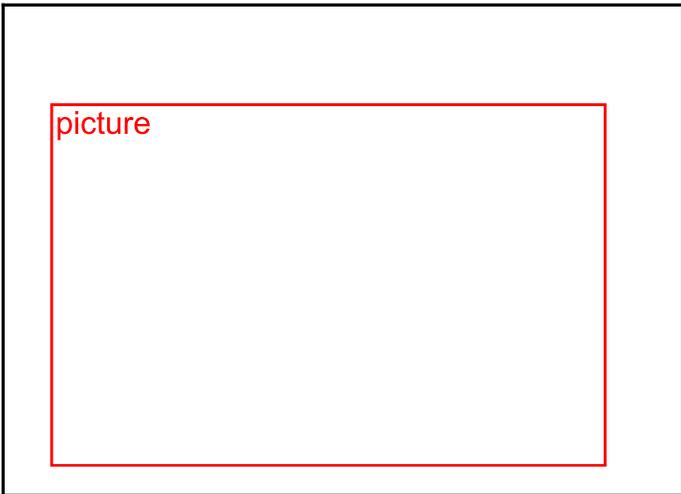
\_\_\_\_\_  
**Representative / Inspector:**



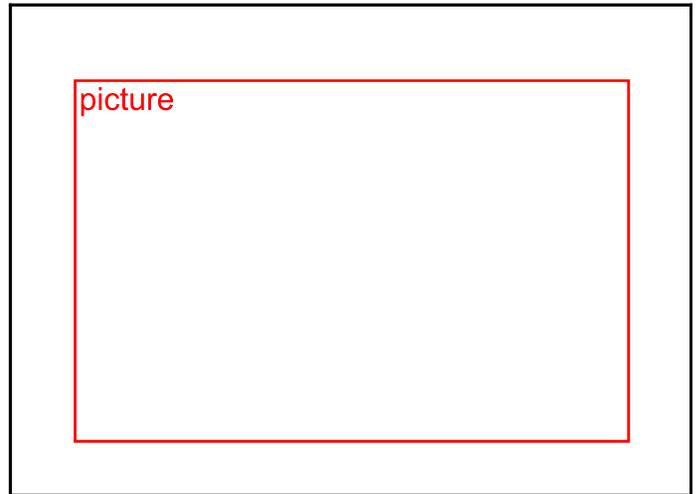
Skid Steer (bobcat)



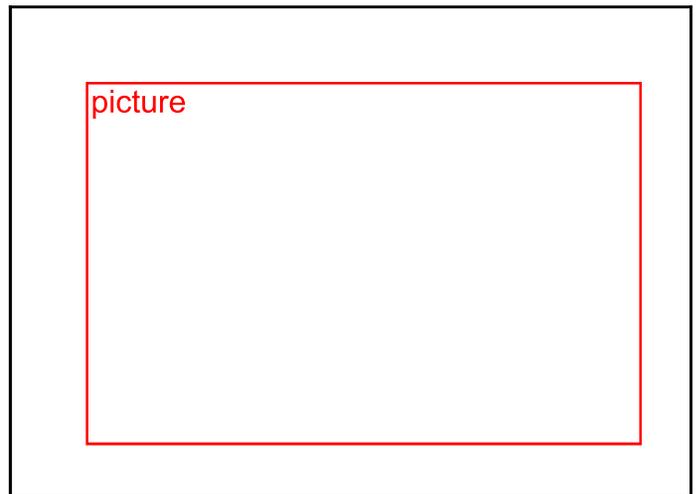
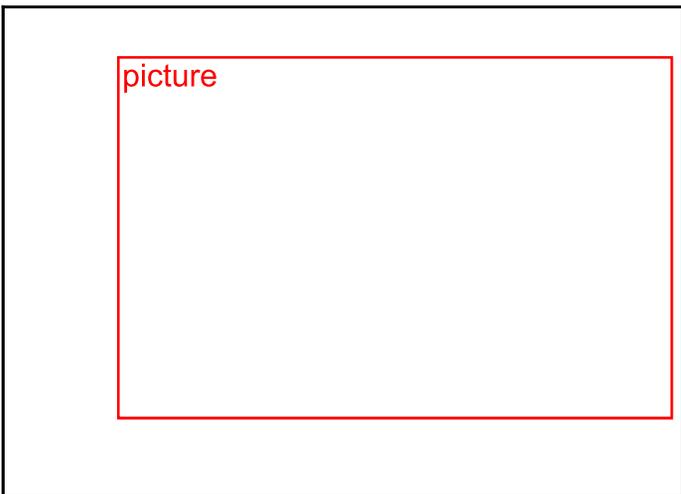
10 Ton Steel Drum Roller

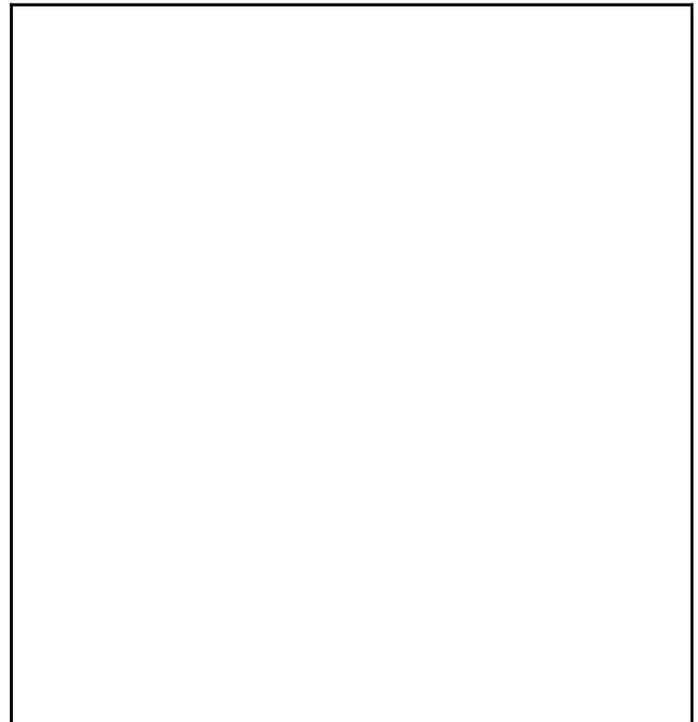
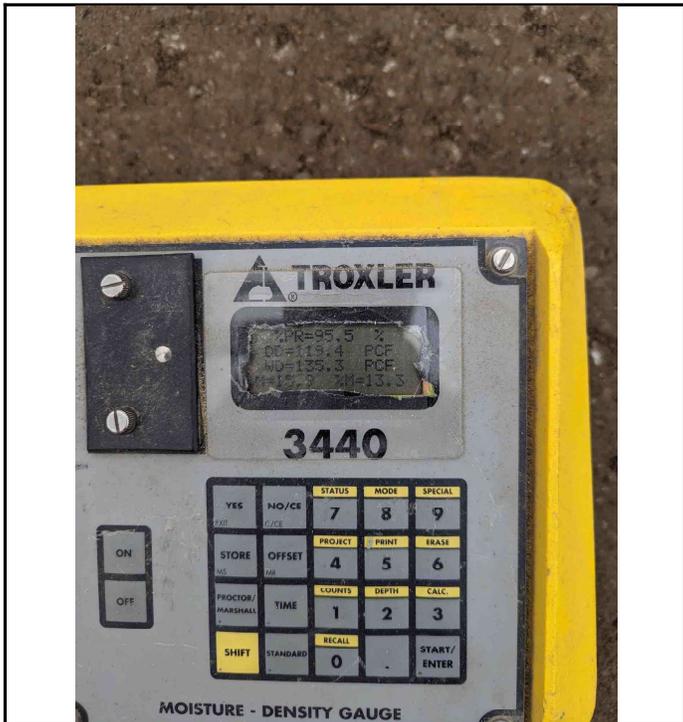
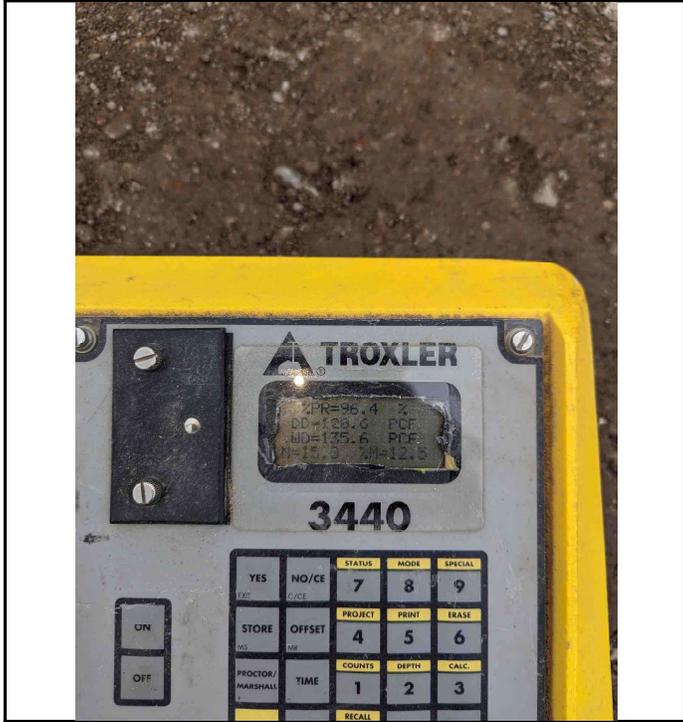


Loader

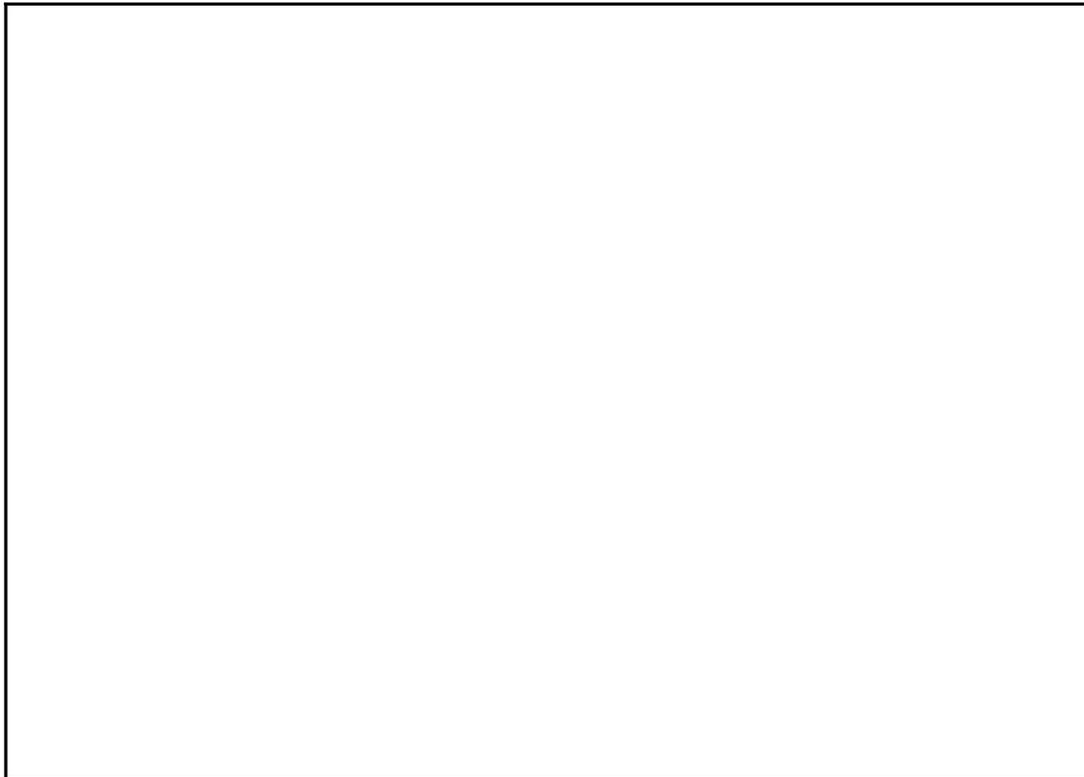
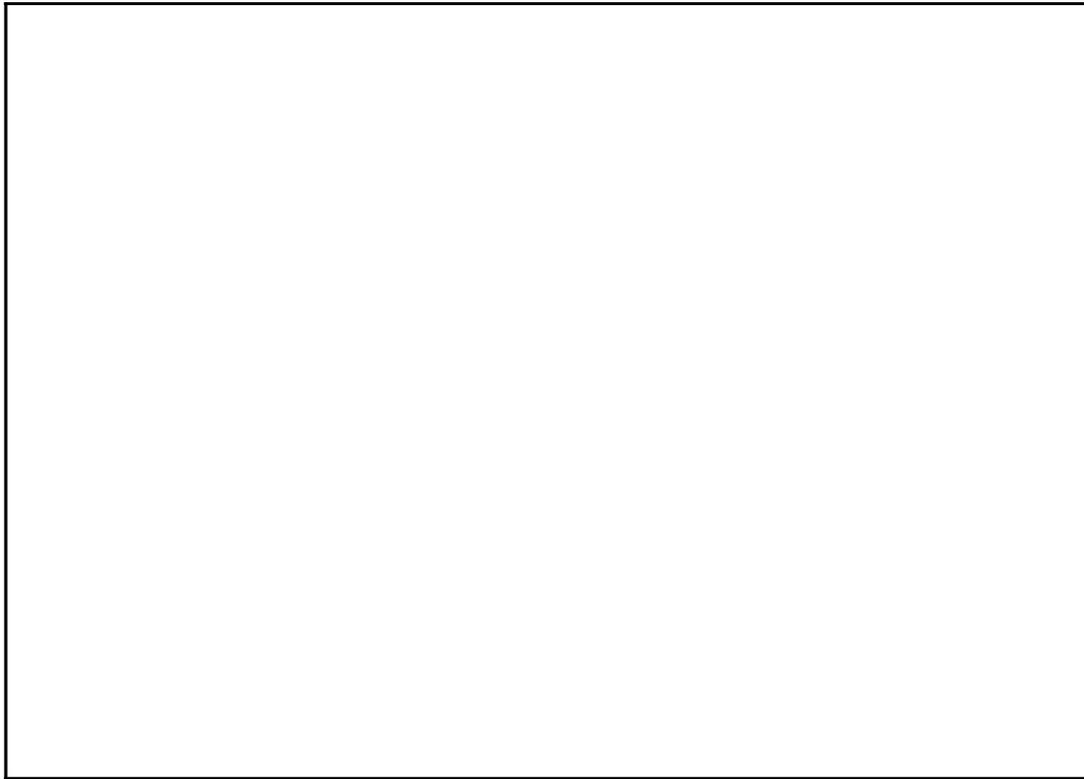


Crushed Miscellaneous Base Material





COMPANY ADDRESS,  
CONTACT INFO,  
WEBSITE



Report On: In-Place Density and Water Content by Nuclear Methods, ASTM D6938

Project #: Report #:  
 Project Name: Date:  
 Contractor (Prime /Sub): Drawing #:  
 Project Specification:  
 Standard Density Count: 1857 Type of Work:  
 Standard Moisture Count: 646 Location:

Test Data

Test No.	Method (A/B)	Test Depth (in)	Location of Test	Lift # / Elevation	Wet Density (lb/ft³)	Field Moisture (%)	Dry Density (lb/ft³)	Field Rock Correction			Max ID	Optimum Moisture (%)	Max Density (lb/ft³)	% Relative Compaction	% Relative Compaction Required	Pass/Fail
								Sieve Size	% Rock Retained	Corrected Dry Density (lb/ft³)						
048-Lift #10	-	6"	ÈÈÈÈÈÈ	#10	136.6 PCF	12.6%	121.3 PCF	-	-	-	-	11.3%	125.1	96.9%	95%	Pass
049-Lift #10	-	6"		#10	135.6 PCF	12.6%	120.6 PCF	-	-	-	-	11.3%	125.1	96.4%	95%	Pass
050-Lift #10	-	6"		#10	137.9 PCF	12.2%	122.9 PCF	-	-	-	-	11.3%	125.1	98.3%	95%	Pass
051-Lift #10	-	6"		#10	133.8 PCF	12.0%	119.5 PCF	-	-	-	-	11.3%	125.1	95.5%	95%	Pass
052-Lift #10	-	6"		#10	134.1 PCF	12.2%	119.5 PCF	-	-	-	-	11.3%	125.1	95.5%	95%	Pass
053-Lift #10	-	6"		#10	135.3 PCF	13.3%	119.4 PCF	-	-	-	-	11.3%	125.1	95.5%	95%	Pass

Material Types

Max ID	Material Type Description
-	Crushed Miscellaneous Base (CMB)

Equipment

Instrument Make	Instrument Model	Instrument Serial No.	Calibration Date	Re-calibration Date

Additional remarks are to be stated in the DIR.

Representative / Inspector: