

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

## Field Data

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

## Summary of Work Perform

2 ¾½

Sample Type: N/A	Quantity: N/A	Jobsite Injury: <input type="radio"/> Yes <input checked="" type="radio"/> No	Reported to: -
Compliance with Terms of the Contract			
Testing Performed: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Attached Forms: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A	TQF Equipment Used: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
Corrective/ Remedial Actions Taken: <input type="radio"/> Yes <input checked="" type="radio"/> No			
Conversations/ Instructions given from the Owner (Include Name): <input type="radio"/> Yes <input checked="" type="radio"/> No -			
Remarks:			
Report Copied To: -			
Work Performed: <input checked="" type="radio"/> Met <input type="radio"/> Did not meet			

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Representative / Inspector:

picture

**Skid Steer (bobcat)**

picture

**10 Ton Steel Drum Roller**

picture

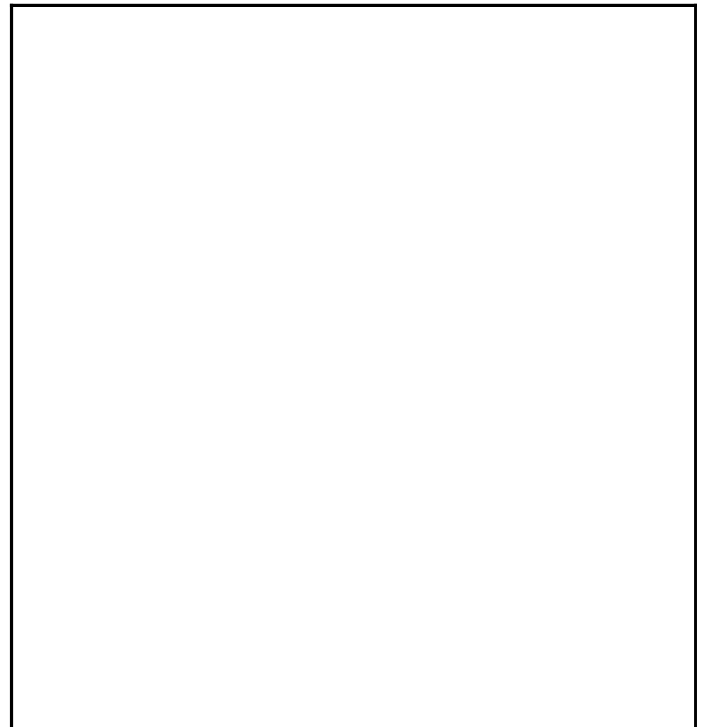
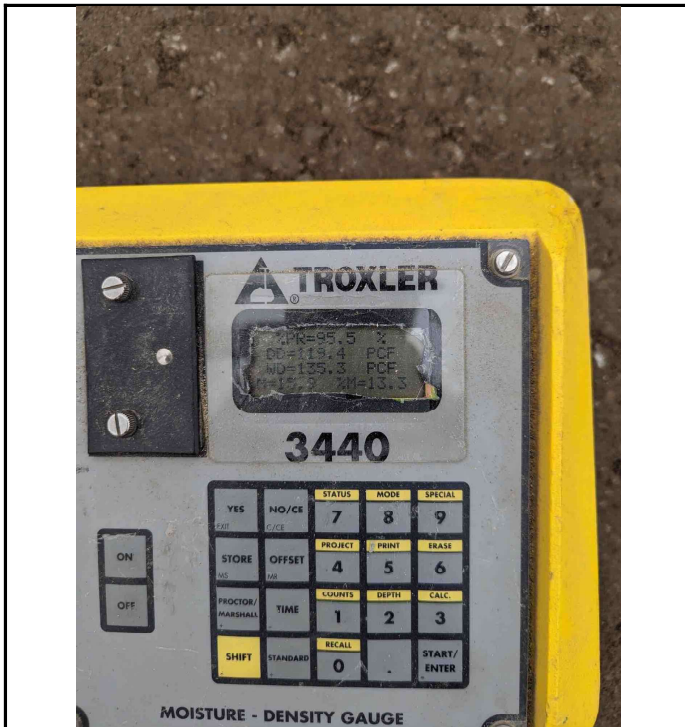
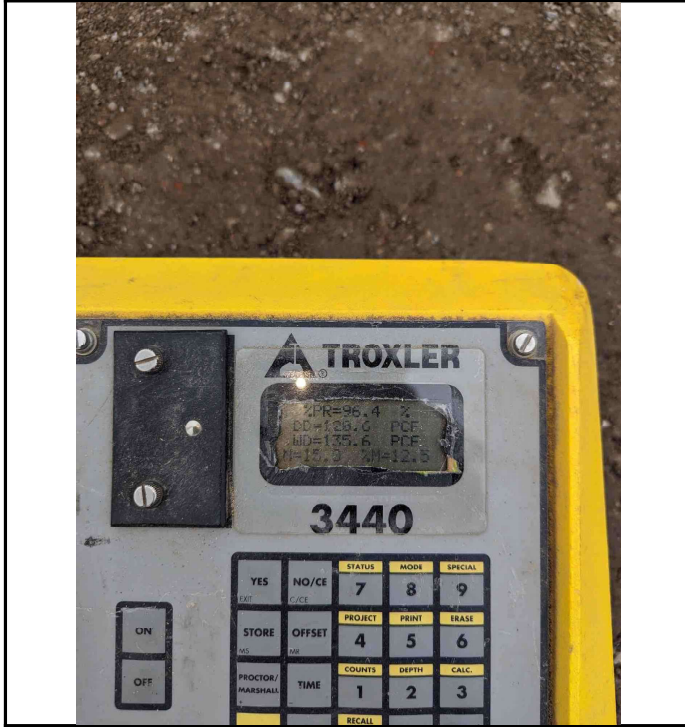
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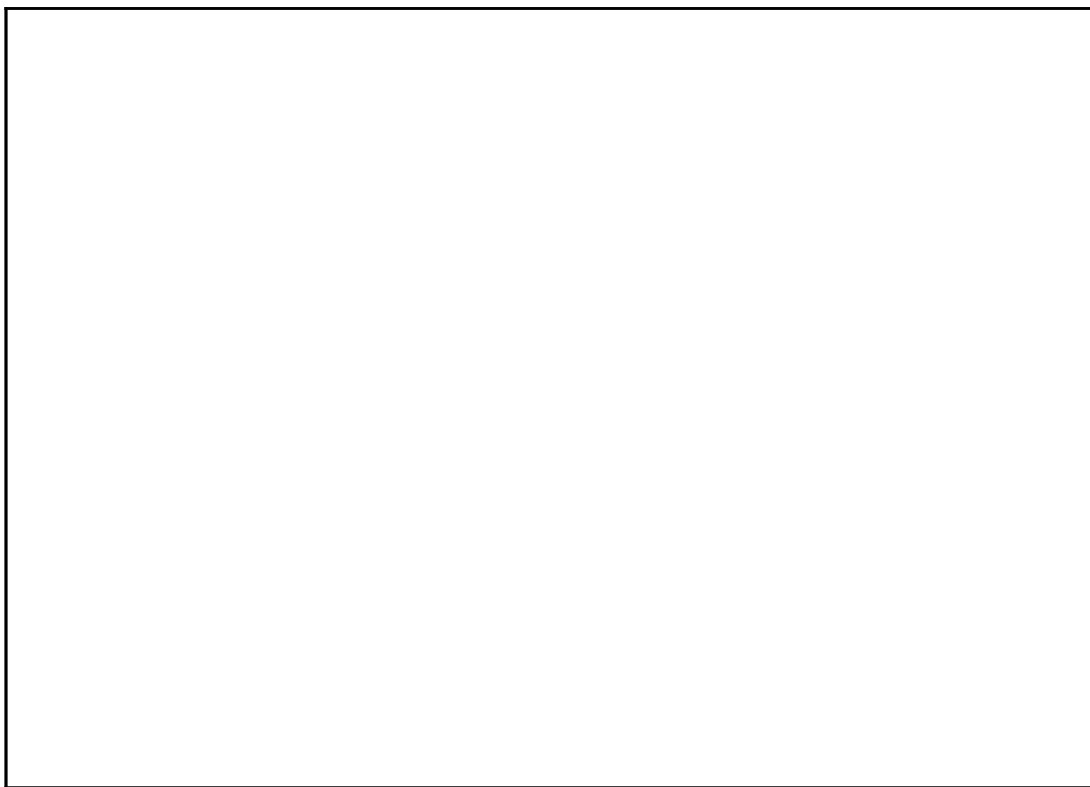
picture

**Crushed Miscellaneous Base Material**

picture

picture





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

Project #:

Project Name:

Contractor (Prime /Sub):

Project Specification:

Standard Density Count:

Standard Moisture Count:

Report #:

Date:

Drawing #:

1857

Type of Work:

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"	ÈÈÈÈÈ	#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	
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Additional remarks are to be stated in the DIR.

Representative / Inspector: