

**RHODE ISLAND DEPARTMENT OF TRANSPORTATION
MATERIALS AND QUALITY ASSURANCE**

Lab No: _____ **READY MIX CONCRETE DELIVERY TICKET** **Date Rec:** _____

PLANT DATA

RI Contract No: _____ F.A.P. No: _____
 Producer: _____ Location: _____ Cast Date: _____
 Mix No: _____ Mix Class: _____ Truck No: _____
 Cubic Yards: _____ Cumulative Yards: _____ Ticket No: _____

Time Batched: _____ **Discharge Time: _____ NOT TO EXCEED** Truck Mixed
Retemping Time: _____ NOT TO EXCEED

Design Water (gals): _____
 Water In Agg. (free water) (gals): _____
 Batch Water (gals): _____
 WATER ALLOWED AT SITE (gals): _____ **Plant Inspector:** _____
(Print / Sign)

FIELD CONSTRUCTION DATA

Section Cast: _____ Item No: _____

Time of Initial Discharge From Truck: _____ Time of Final Discharge From Truck: _____
 Admixture added at site:

1	2
---	---

 oz / gals at Time(s)

1	2
---	---

 Water added at site:

1	2
---	---

 gals at Time(s)

1	2
---	---

Construction Inspector: _____
(Print / Sign)

FIELD MATERIALS TESTS

Acceptance Independent Trial Batch Info Only

Air Content:

1	2	Spec
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Slump / Spread:

1	2	Spec
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Temperature (°F): Concrete _____ Ambient _____

Unit Weight: _____ lbs/cu.ft **Dia of Cyl:** 4" or 6"

No of Cyl _____ **Set #** _____ **Cylinder #s** _____ **Time Cast** _____

SAMPLED FROM: TRUCK CHUTE END OF PUMP OTHER: _____

INITIAL CURING: _____

FINAL CURING [Check]

MOIST RM (CENTRAL LAB) FIELD CURED (LAB) ON SITE (AMBIENT)

BREAK SCHEDULE (Quantity / Days)

_____/1 ____/2 ____/3 ____/4 ____/5 ____/7 ____/14 ____/21 ____/28 ____/56 ____/Other

QC on Site

Comments: _____

Field Inspector: _____ **Date:** _____
(PRINT / SIGN)