

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

Office _____
Resident _____
Crew _____
Independent _____

REBOUND NUMBER OF HARDENED CONCRETE REPORT (ASTM C-805)

Item No: _____	Date: _____
RI Contract No: _____	F.A.P. No: _____
Project: _____	Location: _____
Producer: _____	Mix Type: _____
Acceptance <input type="checkbox"/>	Independent <input type="checkbox"/>
Info Only <input type="checkbox"/>	

Structure / Structural Element:	_____
Curing Condition:	_____
Surface Form Material:	_____
Hammer ID / Serial No:	_____

Loc. / Hammer Orientation	Indiv. Reading	Average	Remarks

Loc. / Hammer Orientation	Indiv. Reading	Average	Remarks

Loc. / Hammer Orientation	Indiv. Reading	Average	Remarks

NOTE: Max range between 10 readings: 12 Max ± 6 from average Max 2 over tolerance

Meets Spec **Does Not Meet Spec** **Not Applicable**

Technician (Print / Sign) Date

Reviewed By (Print / Sign) Date