

**RHODE ISLAND DEPARTMENT OF TRANSPORTATION
MATERIALS AND QUALITY ASSURANCE
PENETRATION RESISTANCE OF HARDENED CONCRETE REPORT
(ASTM C-803)**

Office
Resident
Crew
Independent

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"/>	P. Engineering <input type="checkbox"/>

Structure: _____	Location: _____
Surface Finish: _____	
Driver Unit: _____	
Probe Dim's: _____	

Test No	Indiv. Readings	Average	Location:

Test No	Indiv. Readings	Average	Location:

Test No	Indiv. Readings	Average	Location:

Test No	Indiv. Readings	Average	Location:

Meets Spec Does Not Meet Spec Not Applicable

Technician _____ (Print / Sign) Date _____ Reviewed By _____ (Print / Sign) Date _____