

**RHODE ISLAND DEPARTMENT OF TRANSPORTATION  
MATERIALS MANAGEMENT**

Office \_\_\_\_\_  
Resident \_\_\_\_\_

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

Item No: _____		Date: _____
RI Contract No: _____	PTSID: _____	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

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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**                       **Info Only**

\_\_\_\_\_  
Technician (Print / Sign)                      Date

\_\_\_\_\_  
Reviewed By (Print / Sign)                      Date