LABORATORY LETTERHEAD HERE

School District: _____
Attn: _____
Address: _____
_____

DSA FILE # _____
DSA APPL. # _____
DSA / LEA # _____

TENSION / BEND TEST REPORT

Project Name: _____ **Location in Structure:** _____

Sampled By: _____ **Report Date:** _____

TESTING INFORMATION

Material Specification _____ **Material Grade** _____

Specimen ID:					SPEC.
Manufacturer:					
Heat Number:					
Cross Sect. Dimension (in.):					
Cross Sect. Area ($in^{2)}$:					
Yield Point, lbs.:					
Maximum Load, lbs.:					
Elongation (%):					
Yield (psi):					
Tensile Strength (psi):					
Elongation (%):					
Fracture Characteristics*:					
Bend Results					

*** Fracture Characteristics:**

C = Cup-Cone **I** = Irregular **CR** = Crystalline **S** = Silky **PC** = Partial Cup-Cone
T = Tear **F** = Fibrous **G** = Granular **FL** = Flat

☐ Full Size Specimen ☐ Reduced Size Specimen

ASTM Test Method _____

The Material ☐ WAS ☐ WAS NOT SAMPLED AND TESTED IN ACCORDANCE WITH THE REQUIREMENTS OF THE DSA APPROVED DOCUMENTS.

The Material Tested ☐ MET ☐ DID NOT MEET THE REQUIREMENTS OF THE DSA APPROVED DOCUMENTS.

REMARKS: _____

cc: Project Architect
Structural Engineer
Project Inspector
DSA Regional Office

_____
Signature

_____
Date

_____
Print Name / Title