NorthEast Transportation Training & Certification Program

PCC Cover Over Reinforcing Steel Test Report Date/Time: Lab/Location: Weather: Date Rec'd #: Random Sample: Yes No Project: Lab Login #: Lot #: Contract #: Material ID: Sublot #: Material #: Sample Location: Contractor: Pay Item #: Sample #: Station: Source: Sample Type: QC A-V IA DR Other Offset: Sampled By/Cert. #: Plant Type: **Cover Testing Device & Reference Information** Make: Serial #: Model #: Equipment #: Transverse Bar size: Longitudinal Bar Size: Transverse Bar Spacing: Longitudinal Bar Spacing: **Cover Measurements** Cover Cover Average Reading #1, Reading #2, **Bar Direction** Cover, Offset Random Y/N Sublot # Sample # Station (T or L)* in. in. in. * T = Transverse & L = Longitudinal Comments: Tested by: Reviewed by: Certification #: Certification #: Date: Date:

YES

NO

Test Results Within Engineering Limits: