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 #:	
Contractor:		Material #:		Sample Location:	
Pay Item #:		Sample #:		Station:	
Source:		Sample Type:	QC A-V IA DR Other	Offset:	
Plant Type:		Sampled By/Cert. #:			

Cover Testing Device & Reference Information					
Make:			Serial #:		
Model #:			Equipment #:		
Transverse Bar size:		Longitudinal Bar Size:			
Transverse Bar Spacing:		Longitudinal Bar Spacing:			

Cover Measurements

Random Y/N	Sublot #	Sample #	Station	Offset	Bar Direction (T or L)*	Cover Reading #1, in.	Cover Reading #2, in.	Average Cover, in.

* T = Transverse & L = Longitudinal

Comments:

Tested by:		Reviewed by:	
Certification #:		Certification #:	
Date:		Date:	

Test Results Within Engineering Limits: YES ☐ NO ☐