

Concrete Mix Design Submittal Review Form

Project Information

Project Name

Project Number

Location

Owner

Submittal Information

Submittal Number

Date Submitted

Submitted By

Company

Mix Design Information

Mix Design ID

Application / Use

Specified Strength (f'c), MPa/psi

Slump (mm/inch)

Air Content (%)

Water/Cement Ratio

Max Aggregate Size

Materials

Material	Type/Source	Quantity per mÂ³ (kg/lbs)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Test Data

Average 28-day Strength

Date(s) Tested

Testing Lab Name

Reviewer Comments

Reviewed By

Date of Review