



**Fine Aggregate #1**

Annual Product Compliance Number	<input type="text"/>	and/or	<input type="text"/>
Gradation production reports			<input type="text"/>
Bulk SSD gravities			<input type="text"/>
Absorptions			<input type="text"/>
Fineness Modulus			<input type="text"/>

**Fine Aggregate #3**

Annual Product Compliance Number	<input type="text"/>	and/or	<input type="text"/>
Gradation production reports			<input type="text"/>
Bulk SSD gravities			<input type="text"/>
Absorptions			<input type="text"/>
Fineness Modulus			<input type="text"/>

**Fine Aggregate #2**

Annual Product Compliance Number	<input type="text"/>	and/or	<input type="text"/>
Gradation production reports			<input type="text"/>
Bulk SSD gravities			<input type="text"/>
Absorptions			<input type="text"/>
Fineness Modulus			<input type="text"/>

**Fine Aggregate #4**

Annual Product Compliance Number	<input type="text"/>	and/or	<input type="text"/>
Gradation production reports			<input type="text"/>
Bulk SSD gravities			<input type="text"/>
Absorptions			<input type="text"/>
Fineness Modulus			<input type="text"/>

**Indicate whether or not the product is on the QPL. If not, provide the manufactures spec's.**

**Cement to be used**

Manufacturer-Brand	<input type="text"/>	QPL	<input type="checkbox"/>
Type	<input type="text"/>		
Source or location of plant location	<input type="text"/>		

**Fly-Ash to be used**

Manufacturer-Brand	<input type="text"/>	QPL	<input type="checkbox"/>
Type	<input type="text"/>		
Source or location of plant location	<input type="text"/>		

**Silica Fume to be used**

Manufacturer-Brand	<input type="text"/>	QPL	<input type="checkbox"/>
Type	<input type="text"/>		
Source or location of plant location	<input type="text"/>		

**GGBFS to be used**

Manufacturer-Brand	<input type="text"/>	QPL	<input type="checkbox"/>
Type	<input type="text"/>		
Source or location of plant location	<input type="text"/>		

<input type="text"/>	<input type="text"/>	QPL	<input type="checkbox"/>
Manufacturer-Brand	<input type="text"/>		
Type	<input type="text"/>		
Source or location of plant location	<input type="text"/>		

<input type="text"/>	<input type="text"/>	QPL	<input type="checkbox"/>
Manufacturer-Brand	<input type="text"/>		
Type	<input type="text"/>		
Source or location of plant location	<input type="text"/>		

**Admixtures**

<input type="text"/>	<input type="text"/>	QPL	<input type="checkbox"/>
Manufacturer	<input type="text"/>		
Brand Name	<input type="text"/>		
Anticipated dose rate	<input type="text"/>		

<input type="text"/>	<input type="text"/>	QPL	<input type="checkbox"/>
Manufacturer	<input type="text"/>		
Brand Name	<input type="text"/>		
Anticipated dose rate	<input type="text"/>		

<input type="text"/>	<input type="text"/>	QPL	<input type="checkbox"/>
Manufacturer	<input type="text"/>		
Brand Name	<input type="text"/>		
Anticipated dose rate	<input type="text"/>		

<input type="text"/>	<input type="text"/>	QPL	<input type="checkbox"/>
Manufacturer	<input type="text"/>		
Brand Name	<input type="text"/>		
Anticipated dose rate	<input type="text"/>		

<input type="text"/>	<input type="text"/>	QPL	<input type="checkbox"/>
Manufacturer	<input type="text"/>		
Brand Name	<input type="text"/>		
Anticipated dose rate	<input type="text"/>		

<input type="text"/>	<input type="text"/>	QPL	<input type="checkbox"/>
Manufacturer	<input type="text"/>		
Brand Name	<input type="text"/>		
Anticipated dose rate	<input type="text"/>		

<input type="text"/>	<input type="text"/>	QPL	<input type="checkbox"/>
Manufacturer	<input type="text"/>		
Brand Name	<input type="text"/>		
Anticipated dose rate	<input type="text"/>		

<input type="text"/>	<input type="text"/>	QPL	<input type="checkbox"/>
Manufacturer	<input type="text"/>		
Brand Name	<input type="text"/>		
Anticipated dose rate	<input type="text"/>		

**Water Source**

If QCT and CSTT is not listed on the submittal field sheets and/or break reports for Trial Batches, Please provide name and card number in the provided boxes.

QCT

CSTT

*Break history/ frc {02001.43}{02001.46}{02001.46}*

**Signature: Signifies that the Contractor have received and reviewed the Mix Design.**

**Signature: Signifies that the ODOT rep. have received and reviewed the Mix Design.**

**Signature**

CCT name (Please print)	Card Number	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>