Concrete Mix Design Approval Submittal

Project Information

Project Name:

Project Number:

Location:

Owner/Client:

Contractor Information

Contractor Name:

Contact Person:

Phone/Email:

Concrete Mix Design Details

Mix Design ID	Application/Location	Concrete Class/Grade	Specified Compressive Strength (f_c') MPa/psi	Slump (mm/in.)	Air Content (%)

Material Proportions (per m³ or yd³)

Material	Type/Brand	Source	Quantity	Units
Cement				kg / lbs
Water				L / gal
Fine Aggregate				kg / lbs
Coarse Aggregate				kg / lbs
Admixtures				L / ml / oz

Test Results & Laboratory Data

Test	Result	Requirement	Testing Agency
Compressive Strength			
Slump			
Air Content			
Other			

Submitted By

Name:

Title:

Signature:

Date: