Concrete Pour Quality Control Report

Project Name:

Location:

Date:

Pour Start Time:

Pour End Time:

Mix Information

Mix Design No.:

Supplier:

Slump (mm):

Air Content (%):

Water/Cement Ratio:

Weather Conditions

Temperature (°C):

Humidity (%):

Wind (km/h):

Test Results

Test	Method	Result	Acceptance Criteria	Pass/Fail
Slump Test				
Compressive Strength (7-day)				
Compressive Strength (28-day)				
Air Content				

Remarks / Observations

Inspected By:

Signature:

Date: