

**WORKSHEET C-3W1**

**CUBE MOLD (2" x 2")**

REQUIREMENTS: Check for conformance to the design and dimensional rqmts			
Check Frequency	Last Checked	Date of Check	Next Check
2½ years			

GAGELIST ID: \_\_\_\_\_

ASSET ID: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

MODEL NUMBER/MANUFACTURER: \_\_\_\_\_

CHECK REFERENCE: PROCEDURE C-3; AASTM/ASHTO: C109/T231

TRACEABLE MEASURING AND TEST EQUIPMENT USED FOR CHECK:

Equipment Name	Serial or ID Number
Caliper (0.01")	

CHECK TABLE:

Compartment Number	Planeness*	Opposite Face Dimension		Height Average
		Position #1	Position #2	
1				
2				
3				
Allowable Deviation	< 0.002"	1.98"– 2.02"		1.985"– 2.01"

RESULTS:

Equipment Status Upon Receipt: Conforms \_\_\_\_\_ Nonconforming\* \_\_\_\_\_

\* Who Was Notified? \_\_\_\_\_ Corrective Action \_\_\_\_\_

Equipment Status After Adjustment: Conforms \_\_\_\_\_ Nonconforming \_\_\_\_\_

Check Performed By: \_\_\_\_\_ Check Checked By: \_\_\_\_\_