

WORKSHEET C-3W

CAPPING MATERIALS (SULFUR MORTAR)

REQUIREMENTS: Check Strength			
Check Frequency	Last Checked	Date of Check	Next Check
3 Months /New Shipment			

GAGELIST ID: _____

ASSET ID: _____

SERIAL NUMBER: _____

MODEL NUMBER/MANUFACTURER: _____

CHECK REFERENCE: PROCEDURE C-3; ASTM/AASHTO: C109, C617/T106, T231

TRACEABLE MEASURING AND TEST EQUIPMENT USED FOR CHECK:

Equipment Name	Serial or ID Number
Cube Specimen Mold	
Metal Cover Plate	
Thermometer (1.0 °C)	
Testing Machine	
Caliper (0.01")	

CHECK TABLE:

Temperature: _____ °C or °F (129 °C to 143 °C) (265 °F to 290°F)

Time Made: _____ Time Broken: _____

	Cube # 1	Cube #2	Cube #3	Is Compressive Strength > 5000 psi	Is Compressive Strength > required psi
Width, in.					
Depth, in.					
Area, square inches					
Max Load, lbs					
Compressive Str., psi					
Average, psi					

DGSI: HI STRENGTH CAPPING COMPOUND 50# (BASOLIT 600) 8,000 PSI

RESULTS:

Equipment Status Upon Receipt: Conforms _____ Nonconforming* _____

* Who Was Notified? _____ Corrective Action _____

Equipment Status After Adjustment: Conforms _____ Nonconforming _____

Check Performed By: _____ Check Checked By: _____