

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**SAMPLE SUBMITTAL FORM - PROJECT**

675-050-4A  
MATERIALS  
06/23

Contract: \_\_\_\_\_ Financial Project Id(s): \_\_\_\_\_  
Pay Item No(s): \_\_\_\_\_  
Material Specification: \_\_\_\_\_

**SAMPLE INFORMATION**

Method of Acceptance – Select one of the following: ☐ Sampling and Testing Certification ☐ Certified Test Report

Sample Level: \_\_\_\_\_ Category/Type: \_\_\_\_\_

Sample Purpose: \_\_\_\_\_

Production Facility Id: \_\_\_\_\_ Mix Design No: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ APL Product: \_\_\_\_\_

Sampled By: \_\_\_\_\_ Higher Class In Lieu Of Lower Class: Yes ☐ No ☐

Lower Class: \_\_\_\_\_

Date Sample Taken: \_\_\_\_\_ Load Number: \_\_\_\_\_

FDOT Sample Number: \_\_\_\_\_ Batch #: \_\_\_\_\_

Quantity Represented: \_\_\_\_\_ Unit of Measure: \_\_\_\_\_

Batch/Delivery Ticket No.: \_\_\_\_\_ Heat/Coil No.: \_\_\_\_\_

LOT #: \_\_\_\_\_

Intended Use: \_\_\_\_\_

Point of Sampling – Select one of the following:

- ☐ Barge ☐ Belt ☐ Contractor Tank ☐ Rack Blending Line ☐ Roadway ☐ Railroad Car  
☐ Silo ☐ Stockpile ☐ Tanker ☐ Terminal ☐ Transport ☐ Pavement

Wall #: \_\_\_\_\_ Bridge #: \_\_\_\_\_ LOTs Represented: \_\_\_\_\_

Soil Description: \_\_\_\_\_

Testing Lab: \_\_\_\_\_

**LOCATION INFORMATION**

Sampled From: \_\_\_\_\_ Road Number: \_\_\_\_\_

Beginning Mile Post: \_\_\_\_\_ Ending Mile Post: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Station Sampled: \_\_\_\_\_ Station From: \_\_\_\_\_

Station To: \_\_\_\_\_

Lane – Select as many as apply from the following:

- ☐ Inside Left Turn Lane ☐ Inside Right Turn Lane ☐ L1 ☐ L2 ☐ L3 ☐ L4 ☐ L5 ☐ L6 ☐ L7 ☐ L8  
☐ Left Roadway ☐ R1 ☐ R2 ☐ R3 ☐ R4 ☐ R5 ☐ R6 ☐ R7 ☐ R8 ☐ Ramp ☐ Right Roadway  
☐ Shoulder ☐ Turn Lane ☐ Other: \_\_\_\_\_

Reference Line – Select one of the following:

- ☐ Baseline ☐ Baseline of Construction ☐ Baseline of Survey ☐ Centerline ☐ Centerline of Construction  
☐ Centerline of Survey ☐ Other: \_\_\_\_\_

Offset Distance: \_\_\_\_\_ Offset Direction: \_\_\_\_\_

**CONTACT**

Contact Name: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**COMMENTS**

**CONCRETE PLASTIC PROPERTIES**

All test by the Same Technician? – Select One: ☐ Yes ☐ No (if No, provide TIN below for each test)

Tested by: \_\_\_\_\_ Date Tests Performed: \_\_\_\_\_

Slump: \_\_\_\_\_ (in) Tested By: \_\_\_\_\_

Air Meter – Select One: ☐ Pressure Meter ☐ Roll-A-Meter

Air Content: \_\_\_\_\_ (%) Tested By: \_\_\_\_\_

Temperature: \_\_\_\_\_ (degrees F) Tested By: \_\_\_\_\_

W/CM Ratio: \_\_\_\_\_ Tested By: \_\_\_\_\_