

CONCRETE MIX DESIGN SUBMISSION FORM A

CONTRACTOR: _____		YR	MO	DAY
CONTRACT NO.: _____		SPECIFIED 28 DAY STRENGTH (MPa): _____		
CONCRETE SUPPLIER: _____				
PRIMARY PLANT NAME AND ADDRESS: _____				
BACK-UP PLANT NAME AND ADDRESS: _____				
MATERIALS AND SOURCES				
CEMENT	1) Cement Type: _____		Source: _____	
	2) Cement Type: _____		Source: _____	
SUP. CEMENTING MATERIALS	Slag <input type="checkbox"/> Y / <input type="checkbox"/> N	Max % _____	Source: _____	
	Fly Ash <input type="checkbox"/> Y / <input type="checkbox"/> N	Max % _____	Source: _____	
COARSE AGGREGATE	1) Nominal Max. Size: _____ mm		Source: _____	Inventory No.: _____
	2) Nominal Max. Size: _____ mm		Source: _____	Inventory No.: _____
FINE AGGREGATE	1) Fineness Modulus: _____		Source: _____	Inventory No.: _____
	2) Fineness Modulus: _____		Source: _____	Inventory No.: _____
WATER	Source: _____			
CHEMICAL ADMIXTURES	Type: _____	Name: _____	Type: _____	Name: _____
	Source: _____		Source: _____	
	Type: _____	Name: _____	Type: _____	Name: _____
	Source: _____		Source: _____	
AIR ENTRAINING	Name: _____		Source: _____	
CONCRETE SUPPLIER DECLARATION				
I declare that: 1) The proportions of all supplementary cementing materials above meet the contract requirements. 2) The dosages of all chemical admixtures above are at least the minimum dosage shown on the DSM for that product. 3) Form B for this mix design, including all material quantities required by the contract, will be submitted to MTO prior to concrete placement.				
Print Name: _____ Company: _____				
Signature: _____ Date: _____				
INTENDED MIX USE (COMPONENT AND LOCATION)	TARGET AIR CONTENT (%)	SLUMP RANGE (mm)		
_____	_____	_____ TO _____		
_____	_____	_____ TO _____		
_____	_____	_____ TO _____		
MTO MIX DESIGN NUMBER	SUPPLIER'S MIX DESIGN NUMBER (OPTIONAL)			
Mix Design No.: _____ - _____ - _____ - _____ (-)				
Mix Design Number is made up of the contract number, specified strength of concrete, submission number of the mix design and (if applicable) revision number (e.g. 2005-0428-30-01-2).	FOR MTO USE ONLY			
Contract Administrator:				
Print Name: _____				
Form A received.				
Signature: _____ Date (Yr Mo Day): _____				
Form A and supporting documentation meet contract requirements.				
Signature: _____ Date (Yr Mo Day) _____				
CONTRACTOR'S REPRESENTATIVE SUBMITTING MIX DESIGN FORM A				
Print Name: _____				
Signature: _____				