

# CONCRETE MIX DESIGN SUBMISSION FORM B

CONTRACTOR: _____	YR	MO	DAY
CONTRACT NO.: _____	SPECIFIED 28 DAY STRENGTH (MPa): _____		
CONCRETE SUPPLIER: _____	TEL. NO.: _____		
PRIMARY PLANT NAME AND ADDRESS: _____			
BACK-UP PLANT NAME AND ADDRESS: _____			

### MATERIALS AND PROPORTIONS

<b>CEMENT</b>	1) Cement Type: _____ Source: _____	_____ kg/m <sup>3</sup>	
	2) Cement Type: _____ Source: _____	_____ kg/m <sup>3</sup>	
<b>SUP. CEMENTING MATERIALS</b>	Slag % _____ Source: _____	_____ kg/m <sup>3</sup>	
	Fly Ash % _____ Source: _____	_____ kg/m <sup>3</sup>	
	Total Cementitious Materials Content		_____ kg/m <sup>3</sup>
<b>COARSE AGGREGATE</b>	1) Nominal Max. Size: _____ mm Source: _____	Inventory No.: _____	
	2) Nominal Max. Size: _____ mm Source: _____	Inventory No.: _____	
<b>FINE AGGREGATE</b>	1) Fineness Modulus: _____ Source: _____	Inventory No.: _____	
	2) Fineness Modulus: _____ Source: _____	Inventory No.: _____	
<b>WATER</b>	Source: _____	Total Water Content Range: _____ TO _____ kg/m <sup>3</sup>	
<b>CHEMICAL ADMIXTURES</b>	Type: _____	Type: _____	
	Name: _____	Name: _____	
	Source: _____	Source: _____	
	Dosage Range: _____ TO _____ (mL/100 kg Cement)	Dosage Range: _____ TO _____ (mL/100 kg Cement)	
<b>CHEMICAL ADMIXTURES</b>	Type: _____	Type: _____	
	Name: _____	Name: _____	
	Source: _____	Source: _____	
	Dosage Range: _____ TO _____ (mL/100 kg Cement)	Dosage Range: _____ TO _____ (mL/100 kg Cement)	
<b>AIR ENTRAINING</b>	Name: _____ Source: _____		

MATERIAL QUANTITY INFORMATION IS CONFIDENTIAL AND IS FOR INTERNAL MTO USE ONLY

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)
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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).

FORM B SUBMITTED BY	FOR MTO USE ONLY
Print Name: _____	<b>Ministry Representative Receiving Form B:</b>
Company: _____	Print Name: _____
Signature: _____	Signature: _____
Date of Submission: _____	Date of Receipt (Yr Mo Day): _____
	Date Contract Administrator Advised of Receipt (Yr Mo Day): _____
	Advised via: _____