

CONCRETE MIX DESIGN SUBMISSION FORM A

CONTRACTOR: _____	YR	MO	DAY
CONTRACT NO.: _____ SPECIFIED 28 DAY STRENGTH (MPa): _____			
CONCRETE SUPPLIER: _____ SCC: Y/ N UHPC: Y/ N			
PRIMARY PLANT NAME AND ADDRESS: _____			
BACK-UP PLANT NAME AND ADDRESS (if required): _____			

MATERIALS AND SOURCES

CEMENT	1) Cement Type:	_____	Source: _____
	2) Cement Type:	_____	Source: _____
SUP. CEMENTING MATERIALS	Slag	Y/ N	Max % _____
	Fly Ash	Y/ N	Max % _____
LIMESTONE FILLER	Y/ N	Max % _____	Source: _____
COARSE AGGREGATE	1) Nominal Max. Size:	_____ mm	Source: _____
	2) Nominal Max. Size:	_____ mm	Source: _____
FINE AGGREGATE	1) Fineness Modulus:	_____	Source: _____
	2) Fineness Modulus:	_____	Source: _____
WATER	Source: _____		
CHEMICAL ADMIXTURES	Type: _____	Name: _____	Source: _____
	Type: _____	Name: _____	Source: _____
	Type: _____	Name: _____	Source: _____
	Type: _____	Name: _____	Source: _____
AIR ENTRAINING	Name: _____	Source: _____	

GREENHOUSE GAS REDUCTION

SPECIFIED GREENHOUSE GAS REDUCTION LEVEL:	GREENHOUSE GAS REDUCTION ACHIEVED BY USING <i>(check those that apply)</i> :
0% 10% 20%	<input type="checkbox"/> Slag <input type="checkbox"/> Fly Ash <input type="checkbox"/> Silica Fume <input type="checkbox"/> Portland-limestone Cement <input type="checkbox"/> Limestone Filler

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	LOCATION	MTO MIX DESIGN NUMBER
CAST-IN-PLACE	COMPONENT	LOCATION	Mix Design No.: _____ - _____ - _____ - _____ (-)
	Bridge Deck	_____	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. 2018-0428-30-01-2). <hr/> SUPPLIER'S MIX DESIGN NUMBER _____ <hr/> CONTRACTOR'S REPRESENTATIVE SUBMITTING MIX DESIGN FORM A Print Name: _____ Signature: _____
	Bridge Substructure	_____	
	Pavement and Base	_____	
	Barrier Wall	_____	
	Sidewalk	_____	
Curb & Gutter	_____		
Other (specify): _____	_____	Formed / Slipformed	
PRECAST	Girders	_____	<hr/> FOR MTO USE ONLY Contract Administrator: Print Name: _____ Form A received. Signature: _____ Date (Yr Mo Day): _____ <hr/> Form A and supporting documentation meet contract requirements. Signature: _____ Date (Yr Mo Day) _____
	Culverts	_____	
	Bridge Elements (specify): _____	_____	
	Other (specify): _____	_____	
TARGET AIR CONTENT (%)		TARGET SLUMP/SLUMP FLOW (mm)	
_____		_____ TO _____ After Superplasticizer Added (if applicable): _____ TO _____	