



CRT Project No.: \_\_\_\_\_

Date Received: \_\_\_\_\_

Phone: 614.443.0085

400 Frank Road • Columbus, Ohio 43207

Fax: 614.443.1921

**TESTING SUBMITTAL FORM**

**Company:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

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

**A/P Contact:** \_\_\_\_\_

**A/P Email:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Project Ref. No.:** \_\_\_\_\_

**Sample Type:** \_\_\_\_\_

**No. of Samples:** \_\_\_\_\_

**Testing Needed:**

**Additional Instructions:**

**Provide any additional information to be included in the report (e.g. sample identification, cast date, structure)**

**Please attach concrete mix design information (SSD weights), if necessary for testing (e.g. ASTM C1218 testing)**