



Western Technologies Inc.
The Quality People
Since 1955

3480 South Dodge Boulevard
Tucson, Arizona 85713-5435
(520) 748-2262 • fax 748-0435

**LABORATORY REPORT ON
CONCRETE / MASONRY CORES**

Client **US DEPARTMENT OF VETERANS AFFAIRS**
SOUTHWEST VA COMP (762)
3675 E. BRITANIA DRIVE
TUCSON, AZ 85706

Date of Report **02-27-18**
Job No. **2968JT031**

Event / Invoice No. **1** Lab No. **6529**
Authorized By **DOMINGO LABORIN** Date **2/16/18**
Sampled By **CONC. CORING CO.** Date **2/16/18**
Submitted By **HARMON/WT** Date **2/16/18**

Project **GPR & CORING FOR STRENGTH**
Contractor
Type / Use of Material: Concrete RCC Shotcrete
 Masonry Cores

Location **3675 E. BRITANIA DRIVE**
Arch. / Engr.
Supplier / Source
Source / Location Desig. By **CLIENT** Date **2/16/18**

Sample Source / Location
Reference: **OBTAINING / TESTING DRILLED CORES**
Procedure: **ASTM C39 & C42**
Data: Mix Identification

Mortar Type:
Design Strength, psi **UNKN** Nom. Max. Aggregate Size, in.
Date Placed **UNKN**

TEST RESULTS

CORE IDENTIFICATION	1	2	3	4		
LOCATION OF CORE	SEE ATTACHED	SEE ATTACHED	SEE ATTACHED	SEE ATTACHED		
DATE TESTED	02-26-18	02-26-18	02-26-18	02-26-18		
CONCRETE AGE, DAYS	--	--	--	--		
LENGTH OF CORE, AS RECEIVED	6.0	5.7	5.7	6.0		
LENGTH BEFORE CAPPING, IN.	5.0	5.0	5.0	5.0		
LENGTH AFTER CAPPING, IN.	5.1	5.1	5.1	5.1		
DIAMETER, IN.	2.74	2.74	2.74	2.74		
LENGTH / DIAMETER RATIO	1.86	1.86	1.86	1.86		
CROSS-SECTIONAL AREA, SQ. IN.	5.90	5.90	5.90	5.90		
MAXIMUM LOAD, LBF	44882	42436	46853	45357		
COMPRESSIVE STRENGTH, PSI	7612	7197	7946	7692		
STRENGTH CORRELATION FACTOR	1.000	1.000	1.000	1.000		
CORRECTED COMPRESSIVE STRENGTH, PSI	7610	7200	7950	7690		
TYPE OF FRACTURE	TYPE 1	TYPE 1	TYPE 1	TYPE 1		
DIRECTION OF LOAD TO PLACEMENT PLANE	PERPENDICULAR	PERPENDICULAR	PERPENDICULAR	PERPENDICULAR		
MOISTURE CONDITION AT TIME OF TEST	*	*	*	*		
UNIT WEIGHT, LBF PER CU. FT.	145.1	143.4	144.0	143.1		
DEFECTS NOTED	NONE	NONE	NONE	NONE		

Comments: * 5 DAY MOISTURE CONDITIONING PERFORMED

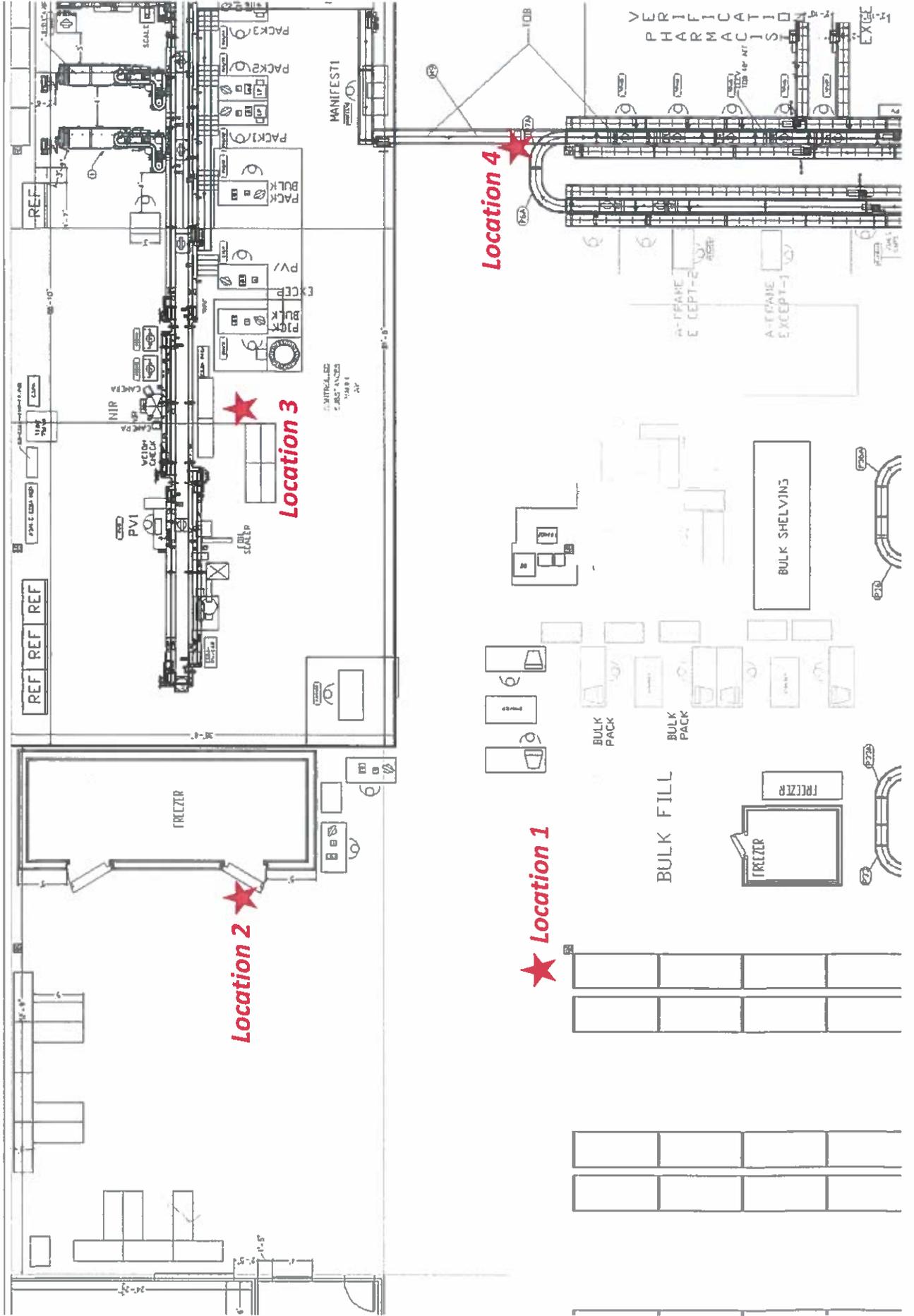
Copies To:

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THE SERVICES REFERRED TO HEREIN WERE PERFORMED IN ACCORDANCE WITH THE STANDARD OF CARE PRACTICED LOCALLY FOR THE REFERENCED METHOD(S) AND RELATE ONLY TO THE CONDITION(S) OR SAMPLE(S) TESTED AS STATED HEREIN. WESTERN TECHNOLOGIES INC. MAKES NO OTHER WARRANTY OR REPRESENTATION, EXPRESSED OR IMPLIED, AND HAS NOT CONFIRMED INFORMATION INCLUDING SOURCE OF MATERIALS SUBMITTED BY OTHERS.

REVIEWED BY

Core Sampling Locations - CMOP





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ITEM LOCATION FIELD REPORT

Client U.S Dept of Veteran Affairs Job No. 2968JT031 Date Req'd _____
 Project _____ Event / Invoice No. 1
 Location 3675 E. BRITANNIA DRIVE Responsible Technician B. HARMON Date 02-16-18
 Prime Contractor _____ Reviewed By _____ Date _____

TYPE OF FACILITY

<input type="checkbox"/> VACANT LAND	<input type="checkbox"/> RESTAURANT / CLUB	<input checked="" type="checkbox"/> OFFICE / PROFESSIONAL	<input type="checkbox"/> INDUSTRIAL MANUFACTURING
<input type="checkbox"/> SINGLE FAMILY RESIDENTIAL	<input type="checkbox"/> RECREATION FACILITY	<input type="checkbox"/> MEDICAL FACILITY	<input type="checkbox"/> BRIDGE
<input type="checkbox"/> MULT-FAMILY RESIDENTIAL	<input type="checkbox"/> RETAIL SALES	<input type="checkbox"/> COMMERCIAL (VACANT)	<input type="checkbox"/> TANK
<input type="checkbox"/> HOTEL / MOTEL	<input type="checkbox"/> RETAIL SERVICES	<input checked="" type="checkbox"/> INDUSTRIAL WAREHOUSE	<input type="checkbox"/> OTHER _____

TYPE OF ELEMENT

<input type="checkbox"/> BEAM	<input type="checkbox"/> JOIST	<input checked="" type="checkbox"/> FLOOR	<input checked="" type="checkbox"/> GROUND	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> GIRDER	<input type="checkbox"/> WALL	<input type="checkbox"/> SLAB-ON-GRADE	<input type="checkbox"/> ROOF	
<input type="checkbox"/> COLUMN	<input type="checkbox"/> CEILING	<input type="checkbox"/> RETAINING WALL	<input type="checkbox"/> PIPE	

TYPE OF ELEMENT MATERIAL

<input type="checkbox"/> PORTLAND CEMENT CONCRETE	<input checked="" type="checkbox"/> CONCRETE MASONRY	<input type="checkbox"/> GROUND
<input type="checkbox"/> PLAIN	<input type="checkbox"/> PRECAST	<input checked="" type="checkbox"/> STEEL
<input type="checkbox"/> CAST-IN-PLACE	<input type="checkbox"/> PRESTRESSED	<input type="checkbox"/> WOOD
<input type="checkbox"/> REINFORCED	<input type="checkbox"/> POST-TENSIONED	<input type="checkbox"/> ADOBE
		<input type="checkbox"/> OTHER _____

EVALUATION ITEMS

<input type="checkbox"/> STEEL REINFORCEMENT	<input checked="" type="checkbox"/> CONDUIT	<input type="checkbox"/> VOIDS	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> LOCATION	<input type="checkbox"/> CABLE	<input type="checkbox"/> PINHOLES	

EQUIPMENT USED

PACHOMETER FERRO SCAN GROUND-PENETRATING RADAR RADIOGRAPHY HOLIDAY TESTER OTHER _____

OBSERVATIONS & ACTION TAKEN

1. LOCATED THE REFERENCED ITEM(S) AT _____ LOCATION(S) AS INDICATED BY MARKINGS ON THE REFERENCED ELEMENT(S).

2. PERFORMED GPR SCAN SLAB ON GRADE IN 4 AREAS AT DEPT OF VETERAN AFFAIRS. AREAS DEPICTED OF PROPOSED CORING CONTAINED OPEN ACCESS SLAB ON GRADE WITH SUSPENDED UTILITIES THROUGHOUT. CORE DRILLER ON SITE TO FACILITATE TEST CORES RETAINED TO BE TESTED. CORES RETAINED AND NUMBERED IN ACCORDANCE WITH AREA TAKEN FROM. CUSTOMER NOTED THAT A MAP WILL BE SENT TO FACILITATE LOCATIONS.

VERIFICATION METHOD USED: _____

SERVICES DISCUSSED WITH CLIENT REPRESENTATIVE
 YES NO, CALL WESTERN TECHNOLOGIES

DOMINGO LARBIN
 CLIENT REPRESENTATIVE PRINT NAME
[Signature]
 CLIENT REPRESENTATIVE SIGN NAME

WHITE - JOB FILE; YELLOW - JOB SITE

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REVIEWED BY [Signature] (SIGNED COPY ON FILE) DATE _____