

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				
<p>I declare that:</p> <p>1) The proportions of all supplementary cementing materials above meet the contract requirements.</p> <p>2) The dosages of all chemical admixtures above are at least the minimum dosage shown on the DSM for that product.</p> <p>3) Form B for this mix design, including all material quantities required by the contract, will be submitted to MTO prior to concrete placement.</p>				
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.: _____ - _____ - _____ - _____ (- ____) <small>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).</small>				
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: _____				