

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

CEMENT	1) Cement Type: _____ Source: _____ kg/m ³ 2) Cement Type: _____ Source: _____ kg/m ³		
SUP. CEMENTING MATERIALS	Slag % _____ Source: _____ kg/m ³		
	Fly Ash % _____ Source: _____ kg/m ³		
	Total Cementitious Materials Content _____ kg/m ³		
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: _____	Total Water Content Range: _____ TO _____ kg/m ³	
CHEMICAL ADMIXTURES	Type: _____	Type: _____	
	Name: _____	Name: _____	
	Source: _____	Source: _____	
	Dosage Range: _____ TO _____ (mL/100 kg Cement)	Dosage Range: _____ TO _____ (mL/100 kg Cement)	
	Type: _____	Type: _____	
	Name: _____	Name: _____	
	Source: _____	Source: _____	
	Dosage Range: _____ TO _____ (mL/100 kg Cement)	Dosage Range: _____ TO _____ (mL/100 kg Cement)	
AIR ENTRAINING	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)
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>	
FORM B SUBMITTED BY	FOR MTO USE ONLY
Print Name: _____	Ministry Representative Receiving Form 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: _____