

# MIX DESIGN FORM



1 Date Submitted \_\_\_\_\_ **Date Required** \_\_\_\_\_

2 Requested by: \_\_\_\_\_

3 Customer Name \_\_\_\_\_ **If today please call Our Dispatch Office**

4 Mailing Address \_\_\_\_\_

5 Phone Number \_\_\_\_\_

6 Fax Number \_\_\_\_\_

7 Project Name \_\_\_\_\_

8 Project Location \_\_\_\_\_

9 Key Map page. \_\_\_\_\_

10 Type of Project \_\_\_\_\_ *list all that apply*

11 Residential, Commercial, Paving, State or Municipal

12 Recipient Name (if different from above) \_\_\_\_\_ **Fax Number** \_\_\_\_\_

13 Attn: \_\_\_\_\_

14 Mailing Address \_\_\_\_\_

15 Governing Agency \_\_\_\_\_ **Select one if known**  
 (Who's specifications are we to follow State, Mud District, etc.)

Mix Requirements	Required Label	# Sacks	PSI	Fly Ash Percent	Agg. Size	W/C Ratio	Slump	Air Y / N	Admix
16 Mix #1									
17 Mix #2									
18 Mix #3									
19 Mix #4									

20 Are specifications Attached? \_\_\_\_\_

21 Tolerances allowed \_\_\_\_\_

22 If any of the above are flexural strength, what method are they using center point of third point ?

23 circle the appropriate one \_\_\_\_\_ **CENTER POINT** **THIRD POINT** **None**

24 Is there a product time requirement on this project? \_\_\_\_\_

25 Is there a temperature constraint on this project? \_\_\_\_\_

26 What is the estimated travel time? \_\_\_\_\_

27 When will this project be constructed? Spring, Summer, Fall, or Winter.  
 circle the appropriate one

28 List any and all other special requirements of the project or the mix designs for this project.

\_\_\_\_\_

Fibers    Bagged Products    Supers    Early breaks    Color