

XYPEX QUALITY ASSURANCE PROCEDURES – XYPEX ADMIX C-1000NF

CONCRETE DELIVERY RECORD FORM

Date: _____ Page No: _____ of _____

PROJECT:	NAMES: (please print)
PROJECT ADDRESS:	Applicator Employee:
PRE-MIXED CONCRETE COMPANY:	
PLANT:	

DELIVERY DETAILS

No.	Truck No.	Time of discharge.	Concrete Coy. docket. No.	Cubic Meters.	Remarks (eg. Water added on site; slump as tested; delays in discharge; breakdowns)
1					
2					
3					
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