



17645 Juniper Path, Suite 260
Lakeville, MN 55044

ASTM C 578 Testing Request
ALL INFORMATION REQUIRED TO BE COMPLETED

Company Name: _____ Location: _____

Submitted by: _____ Send report to email(s): _____

Date: _____

ASTM C578 Type: _____

Sample ID _____

Block Lot Number: _____

Date of Manufacture: _____

Resin Manufacturer/Grade: _____

Resin Lot Number: _____

Recycled Content: _____

Please conduct the following tests: (select one or both)

Compressive Strength Please supply 10 samples
1" x 3" x 3" for Type XI, I, VIII, II, or IX
1" x 2" x 2" for Type XIV or XV

Flexural Strength Please supply 10 samples
1" x 3" x 12" for all Types

Test immediately or condition samples? (select one)

Test Immediately

Condition Samples as required by ASTM C578

Compare results to ASTM C578 requirements? (select one)

NO

YES, compare average result to requirement

YES, compare average result with consideration of uncertainty

ATZ Internal Use: Project ID _____