Bridge Deck Placement Data Form

Name of person completing this form: ____________________________ Phone number: ____________________

Bridge Data
Low SP No. __________________ Mn/DOT Mix No. ________________________
Br. No. ___________________ Br. Location: _____________________________ District: __________
Superstructure Type: ___________ Abutment Type: __________________________ No. Spans: ___________
Beam Spacing: ___________ Span Lengths: ___________________________ Total Length: ___________

Deck Placement Data
Attach copies of batch tickets from all loads that were tested for slump, air, strength, temperature.
Include ALL test results on the batch ticket (air content, slump, cylinder #, conc temperature).
Additional conc temp readings:
Placement Date: ___________ Fin. Start Time: ___________ Fin. End Time: ___________
Total no. of cubic yards placed: ___________ Avg. Placement Rate (yds/hr): ___________
Placement equip: _______ Air Screed _______ Paving Machine _______ Other: ___________
Air temp at start of placement: ___________ Wind speed: ___________ Humidity: ___________
Air temp at end of placement: ___________ Wind speed: ___________ Humidity: ___________
Color of Beams: ___________ Beam Sunlight Exposure: ___________
Beam temp prior and during placement: ___________
Method of Placement (pump, conveyor, bucket, etc.): ___________
Contractor: _______________________________________________________________________

Curing Data
Date/Time burlap applied: ___________ Date/Time burlap removed: ___________
Length of curing period: ___________ (hrs.) Curing Material: _______________________
Was the surface kept continually wet during curing? _______ Yes _______ No
Were temperature gauges installed in the deck? _______ Yes _______ No (If yes, submit temperature data, if no
indicate the deck & ambient temp at 24 & 48 hrs. after placement: 24 hrs: ___________ 48 hrs: ___________
Weather conditions during curing (rain, dry, windy, etc): _______________________________________________________________________
Indicate the maximum and minimum time that elapsed prior to placing curing: _______________________________________________________________________

Crack Survey
Indicate any visible cracking on an attached framing plan. Use red for bottom of deck cracks, use blue for top of deck cracks.
Complete the crack survey at time of deck form removal.
Date of deck form removal: ___________ Date of crack survey: ___________
A follow up survey will be conducted within one year.
Comments (discuss delays in placement, concrete problems, etc.): _______________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Submit Questions, Completed Form, Batch Tickets, etc. to:
Mark Spafford, MnDOT Bridge Office, MS 610, 3485 Hadley Ave. North, Oakdale, MN  55128         (651) 366-4564