HEAT OF HYDRATION

Project No.:_____

Design Number: _____

County: _____

Date Placed: _____

Placement Location: _____

Inspector: _____

Placement Conditions		
Time	Air Temp.	Concrete Temp.

Note:
1. Submit weekly reports to the Office of Construction.
2. Record two readings per day.
3. Average temperature (Air or Water) when recording is no longer required.

Date	Temp. (°F)

Date	Time Of Day	TEMPERATURES					
		"A" CENTER (°F)	"B" EDGE (°F)	Difference (A-B) (°F)	"C" TOP (°F)	Difference (A-C) (°F)	"D" BOTTOM (°F)