



MTL/ FO/ 17 **NEW DELHI MUNICIPAL COUNCIL** MATERIAL TESTING LABORATORY QUALITY CONTROL CELL VIDYUT BHAWAN, NEW DELHI <u>COMPRESSIVE STRENGTH OF BRICKS TEST</u>

1.	Name of work	:-
2.	Details from where sample is collected	:-
3.	Name of Division	:-
4.	Name of Executive Engineer	:-
5.	Name of Assistant Engineer	:-
6.	Name of Junior Engineer	:-
7.	Name of Agency	:-
8.	Specification of Brick as per Agreement	:-
9.	Required strength as per Agreement	:-
10.	No. of Specimens	:-
11.	Mark on Specimen	:-
12.	Date of initial curing of Bricks	:-
13.	Date of filling frog with C.M. 1:3	:-
14.	Time of curing	:-
15.	Remarks	:-

Sig. of J.E.(Work)		of J.E.(Work) Sig. of C	Sig. of Contractor		Ξ. ()	Sig. of E.E.())		
RESULT OF TEST									
	Sr. No	Wt.in Kgms	Size mm	Area mm ²	Crushing load in KN	Crushing Strength in N/mm ²	Average compressive Strength N/mm ²		
	1.								
	2.								

2.			
3.			
4.			
-			
5.			

The Bricks found in a state of ______condition on testing.

Average Strength =