

CONTRACTOR: _____	YR	MO	DAY
CONTRACT NO.: _____ SPECIFIED 28 DAY STRENGTH (MPa): _____			
CONCRETE SUPPLIER: _____ SCC: Y / N UHPC: Y / N			
TELEPHONE NUMBER: _____			
PRIMARY PLANT NAME AND ADDRESS: _____			
BACK-UP PLANT NAME AND ADDRESS (if required): _____			

### MATERIALS AND PROPORTIONS

<b>CEMENT</b>	1) Cement Type: _____ Source: _____	_____ kg/m <sup>3</sup>
	2) Cement Type: _____ Source: _____	_____ kg/m <sup>3</sup>
<b>SUP. CEMENTING MATERIALS</b>	Slag % _____ Source: _____	_____ kg/m <sup>3</sup>
	Fly Ash % _____ Source: _____	_____ kg/m <sup>3</sup>
	Total Cementitious Materials Content _____ kg/m <sup>3</sup>	
<b>LIMESTONE FILLER</b>	% _____ Source: _____	_____ kg/m <sup>3</sup>
<b>COARSE AGGREGATE</b>	1) Nominal Max. Size: _____ mm Source: _____ Inventory No.: _____	
	2) Nominal Max. Size: _____ mm Source: _____ Inventory No.: _____	
<b>FINE AGGREGATE</b>	1) Fineness Modulus: _____ Source: _____ Inventory No.: _____	
	2) Fineness Modulus: _____ Source: _____ Inventory No.: _____	
<b>WATER</b>	Source: _____	Total Water Content Range: _____ TO _____ kg/m <sup>3</sup>
<b>CHEMICAL ADMIXTURES</b>	Type: _____	Type: _____
	Name: _____	Name: _____
	Source: _____	Source: _____
	Dosage Range: _____ TO _____ (mL/100 kg Cement)	Dosage Range: _____ TO _____ (mL/100 kg Cement)
	Type: _____	Type: _____
	Name: _____	Name: _____
	Source: _____	Source: _____
	Dosage Range: _____ TO _____ (mL/100 kg Cement)	Dosage Range: _____ TO _____ (mL/100 kg Cement)
<b>AIR ENTRAINING</b>	Name: _____ Source: _____	

MATERIAL QUANTITY INFORMATION IS CONFIDENTIAL AND IS FOR INTERNAL MTO USE ONLY

### GREENHOUSE GAS REDUCTION

<b>SPECIFIED GREENHOUSE GAS REDUCTION LEVEL:</b>	<b>GREENHOUSE GAS REDUCTION ACHIEVED BY USING</b> (check those that apply):
0%      10%      20%	Slag      Fly Ash      Silica Fume      Portland-limestone Cement      Limestone Filler

#### INTENDED MIX USE

#### MTO MIX DESIGN NUMBER

	COMPONENT	LOCATION	
CAST-IN-PLACE	Bridge Deck	_____	Mix Design No.: _____ - _____ - _____ - _____ (- ) Mix Design Number is made up of the contract number, specified strength of concrete, submission number of the mix design and (if applicable) revision number (e.g. 2018-0428-30-01-2).
	Bridge Substructure	_____	
	Pavement and Base	_____	<b>SUPPLIER'S MIX DESIGN NUMBER</b>
	Barrier Wall	_____	<b>FORM B SUBMITTED BY</b>
	Sidewalk	_____	Print Name: _____
	Curb & Gutter	_____	Company: _____
	Other (specify): _____	_____	Signature: _____
PRECAST	Girders	_____	Date of Submission: _____
	Culverts	_____	<b>FOR MTO USE ONLY</b>
	Bridge Elements (specify): _____	_____	<b>Ministry Representative Receiving Form B:</b>
	Other (specify): _____	_____	Print Name: _____
<b>TARGET AIR CONTENT (%)</b>		<b>TARGET SLUMP/SLUMP FLOW (mm)</b>	Date of Receipt (Yr Mo Day): _____
_____		_____ TO _____	Date Contract Administrator Advised of Receipt (Yr Mo Day): _____
		<i>After Superplasticizer Added (if applicable):</i>	Advised via: _____
		_____ TO _____	