

# RMCAO CHECKLIST FOR CONCRETE ORDERING AND SCHEDULING

Project: \_\_\_\_\_

Location: \_\_\_\_\_

	Name	Phone	Mobile	Fax
Order taken by				
Ordered by				
Purchased by				

Time/Date Called		Quantity (m <sup>3</sup> )	
Date Required		Truck Spacing/Duration	
Start Time		Placement Rate (m <sup>3</sup> /hr.)	

Location	Mix Code	Strength (MPa)	Early Strength Requirements (MPa/Hours)			Slump (mm)		Air Content (%)		
			No	Yes			±	No	Yes	

Concrete Temperature Limits  No  Yes Minimum: \_\_\_\_\_°C Maximum: \_\_\_\_\_°C

Admixtures or Other Ingredients	No	Plant-added	Site-added	Admixtures or Other Ingredients	No	Plant-added	Site-added
	Synthetic Fibres					High Range Water Reducer	
Steel Fibres				Accelerator	Chloride		
High Early Cement (HE)					Non-Chloride		
Mid-Range Water Reducer				Maximum Aggregate Size (mm):			

Directions to the Jobsite \_\_\_\_\_

Site Access \_\_\_\_\_

Transportation Units Access \_\_\_\_\_

Safety Info to Drivers \_\_\_\_\_

Wash-Out Areas Other \_\_\_\_\_

Placement Method  Pumping  Conveyor  Bucket  Other \_\_\_\_\_

Emergency Contacts for schedule changes, equipment breakdown, plant/truck breakdown, mixture adjustments

	Contact	Phone	Mobile	Home Phone
Supplier				
Contractor				
General Contractor				

## Type of Project

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Highway                   | <input type="checkbox"/> Streets and local roads        | <input type="checkbox"/> Recreational paving  |
| <input type="checkbox"/> Airports                  | <input type="checkbox"/> Parking garages                | <input type="checkbox"/> Tilt-Up construction |
| <input type="checkbox"/> Bridges                   | <input type="checkbox"/> Transit                        | <input type="checkbox"/> Buildings            |
| <input type="checkbox"/> Water resource structures | <input type="checkbox"/> Waste management structures    | <input type="checkbox"/> Flowable fill        |
| <input type="checkbox"/> Parking areas             | <input type="checkbox"/> Driveways/residential flatwork | <input type="checkbox"/> Basement walls       |
| <input type="checkbox"/> Residential walls (ICFs)  | <input type="checkbox"/> Other: _____                   |   |