

CONCRETE FIELD TECHNICIAN-IN-TRAINING EVALUATION

A APPLICANT INFORMATION			
First Name:		Middle Initial/Name:	Last Name:
Mailing Address:			Daytime Phone:
City:		State:	Zip Code:
Employer Name:		Job Title:	
A certified PENNDOT Technician must provide the above named applicant with (3) days of training prior to evaluation by DME/DMM or their representative			
Certified PENNDOT Technician Signature: _____			
Certified PENNDOT Technician No.: _____		Date: _____	
B APPLICANT EXPERIENCE / INSTRUCTION TO BE A CONCRETE FIELD TECHNICIAN IN TRAINING			
To become a Technician-in-Training, the individual must be able to demonstrate the ability to perform the following:			
1. Sampling Fresh Concrete - PTM 601 & AASHTO R 60	<input type="checkbox"/>	Y	<input type="checkbox"/>
2. Test for Material Temperature - ASTM C1064 - AASHTO T309	<input type="checkbox"/>	Y	<input type="checkbox"/>
3. Test for Slump of Fresh Concrete - AASHTO T119	<input type="checkbox"/>	Y	<input type="checkbox"/>
4. Test for Air Content of Fresh Concrete (Pressure Method) - AASHTO T152	<input type="checkbox"/>	Y	<input type="checkbox"/>
5. Molding of cylinder specimens - PTM 611	<input type="checkbox"/>	Y	<input type="checkbox"/>
6. Calibrating an air meter using manufacturer's methods & AASHTO T152	<input type="checkbox"/>	Y	<input type="checkbox"/>
7. Calculate a water/cement ratio for a specific truck load	<input type="checkbox"/>	Y	<input type="checkbox"/>
8. Demonstrate a knowledge of Pub. 408, Section 704 slump specification requirements	<input type="checkbox"/>	Y	<input type="checkbox"/>
In addition, to the above (8) areas, if the technician is expected to work on a project using lightweight concrete or concrete with slag aggregates, they should also be able to perform the following:			
9. Test for Air Content of Fresh Concrete (Volumetric Method, Roll-a-meter) - AASHTO T196	<input type="checkbox"/>	Y	<input type="checkbox"/>
10. Unit Weight, Yield & Gravimetric Air Content - AASHTO T121	<input type="checkbox"/>	Y	<input type="checkbox"/>
Remarks:			
C D.M.E./D.M.M./or their Rep. Signature: _____			
Name (Print):		District:	Date: