



## OREGON CHAPTER OF THE AMERICAN CONCRETE INSTITUTE

P.O. Box 2958 ♦ Vancouver, WA 98668 Ph 503.753.3075 ♦ Fax 503.214.8142

### CLASS SCHEDULE:

**Concrete Strength Testing Tech** - May 18, 2012 (PDX 1; Sept 14, 2012 (Tigard); Nov 9, 2012 (Salem); Jan 11, 2013 (Tigard); March 14 & 15, 2013; (Central Point)

**Concrete Finisher Class, Concrete Laboratory Tech Testing, Aggregate Field Testing Tech** – available on request.

### LOCATIONS

**BMCC** - 2411 Northwest Carden Avenue Pendleton, OR, **Central Point** – Knife River, 3750 Kirtland Road Central Point, OR, **PDX** – Mayes Testing, 7911 NE 33<sup>rd</sup> Dr. #200, Portland, OR, **Tigard** – Carlson Testing, 8430 SW Hunziker, Tigard **Salem** – Carlson Testing, 4060 Hudson Avenue Northeast, Salem, OR

### OVERVIEW

This certification is for all personnel involved in laboratory testing of concrete. Knowledge of the following ASTM standards is required for this certification:

- ASTM C39** Test Method for Compressive Strength of Cylindrical Concrete Specimens
- ASTM C78** Test Method for Flexural Strength of Concrete  
( Using Simple Beam with Third-Point Loading)
- ASTM C617** Practice for Capping Cylindrical Concrete Specimens
- ASTM C1231** Practice for Use of Unbonded Caps in Determination of Compressive Strength of Hardened Concrete Cylinders

**NOTE: Attendee is responsible for providing their own 4” or 6” diameter cylinder and 6”X6”X20” minimum beam. (Extra beams are appreciated if you have them)**

### SCHEDULE

8:00 – Noon Procedure Review  
Noon – 12:30 Lunch (Provided)  
12:30 – 1:30 Written Exam  
1:30 – 4:30 Performance Exams

You must attend the mandatory test procedure review and bring the Technician Workbook CP-19 (09). The procedure review will include an oral presentation and ACI videotapes. Participants are strongly encouraged to review the Technician Workbook including the ASTM procedures and become familiar with typical test samples & equipment in advance of the program.

**REGISTRATION FEES** (fees include one Technician Workbook CP-19 (09) ( per registrant)

Procedure Review & Written and Performance Exams	\$445
Procedure Review & Written Exam Only	\$345
Performance Exam Only	\$345

**Must bring cylinder and beam to class.**

*\*Based on both written and performance exams being conducted during the same program*

## Concrete Strength Testing Technician Certification – Registration

### General Information

You can fax or mail your registration. **We now accept credit cards.** Fax your registration to OACI at (503) 214-8142.

Mail your registration form and payment to:

**OACI - P.O. Box 2958 - Vancouver, WA 98668 Make checks payable to: OACI**

**Or fax/email back for credit card charge. You can also call the OACI office at (503) 753-3075 to charge to a credit card.**

To allow time for delivery and your review of the technician workbook, please remit as soon as possible. If you have any questions, please call Jane Ellsworth at the Oregon Chapter ACI office, (503) 753-3075. *Please note that your space is not reserved until your payment is received unless other arrangements have been made with the Oregon-ACI office.* Class size is limited to 10 people and is on a first come first served basis. Must have a minimum of 4 people to hold class or it will be rescheduled.

Please indicate your registration below:

- |   | Registration Fee |
|---|------------------|
| <input type="checkbox"/> Procedure Review and Written & Performance Exams | \$445*           |
| <input type="checkbox"/> Procedure Review & Written Exam Only             | \$345            |
| <input type="checkbox"/> Performance Exam Only                            | \$345            |

*(a service fee of \$35 will be charged for no shows)*

*\* based on both exams being taken during the same program.*

**Must bring cylinder and beam to exam.**

**DATE OF EXAM** \_\_\_\_\_

Total Amount Due \$ \_\_\_\_\_

Company Information (please type or print clearly)

**ORGANIZATION/FIRM:** \_\_\_\_\_

Company address: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Registrant Information (please type or print clearly)

NAME: \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_

Confirmation by Email: \_\_\_\_\_