

Foundation Curing Procedures Checklist

Pre-Curing Assessment

Initial checks and conditions before curing begins.

Pour Date	
Enter date	
Concrete Mix Design Strength (PSI)	
Enter a number	
Ambient Temperature (°C/°F) at Pour	
Enter a number	
Concrete Temperature (°C/°F) at Placement	

Concrete Finish Type Smooth Broom Finish Exposed Aggregate Other
Surface Condition Notes (e.g., damp, dry, contamination) Write something
Moisture Content of Subgrade (Prior to Pour) Dry Slightly Damp Damp Wet
Any Observed Anomalies or Concerns (e.g., bleed water, segregation) Write something

Curing Method Selection & Preparation

Details regarding the chosen curing method and its preparation.

Curing Method Selected Water Curing (Ponding/Spraying/Soaking) Membrane Curing Compound	
Plastic Sheeting Other (Specify)	
If 'Other' curing method selected, please specify:	
Write something	
Curing Compound Application Rate (if applicable) Enter a number	
	<i>)</i>
Curing Compound Manufacturer and Product Name (if applicable)	
Write something	
Date of Curing Method Selection	
Enter date	
Preparation Steps Before Curing (e.g., surface cleaning)	
Write something	

Curing Application & Monitoring

Activities performed during the curing process and observation of relevant parameters.

Start Curing Time
Curing Method Applied
Water Ponding
Wet Burlap
Curing Compound
Other (Specify)
Details of 'Other' Curing Method (if applicable)
Write something
Ambient Temperature (°C)
Enter a number
Concrete Surface Temperature (°C)
Enter a number
Concrete Humidity (%)
Enter a number
Time of Next Monitoring

Write something				
N ater application	rate (liters/m2/h	nour)		
Enter a number				
Curing compound	l type (if applica	ıble)		
Type 1				
Type 2				
Type 3				
_				
Not applicable	tal Condi	tions		
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nvironmer cord of environme Curing Start Date Enter date	ntal factors impac		orocess.	
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Enter a number		
Relative Humidity (%)		
Enter a number		
Wind Speed (km/h or mp	ph)	
Enter a number		
Weather Conditions (e.g.	., sunny, cloudy, rainy)	
Write something		
Sun Exposure		
Full Sun		
Partial Shade Full Shade		
	o Cian Off	
ocumentation suring proper records are	kept and confirming curing completion.	
Curing Start Date		
Enter date		

Curing End Date
Enter date
Curing Duration (Days)
Enter a number
Curing Method Used (Detailed Description)
Write something
Curing Performance Assessment (Satisfactory/Unsatisfactory) Satisfactory
Unsatisfactory
Observations/Remarks (If Unsatisfactory, provide details)
Write something
Curing Technician Signature
Quality Control Inspector Signature

Write something			