IC 225 (04/09)

Note: Some fields require manual entry and are not able to be filled in.

Clear Form

INDIANA DEPARTMENT OF TRANSPORTATION
PILE DRIVING RECORD

Contract No.: _____

Date: _____ **Bent/Pier No.** _____ **Test Pile:** _____

Job Loc./Br. File No.: _____

Pile No.: _____ **Pile Type:** _____ **Length:** _____ **Helmet Weight:** _____ kips

Hammer: _____ **Rated Energy:** _____ **Operating Rate:** _____

Hammer Cushion Type: _____ **t=**_____ in. **Pile Cushion Type:** _____ **t=**_____ in.

Pile Supplier: _____ **Pile Heat No.:** _____

Pile Tip Attachments: _____ **Pile Cast or Rolling Date:** _____

Nominal Driving Resistance: _____ kip **Resistance Factor:** _____ **Design Load:** _____ kip

Weather: _____ **Temperature:** _____°F **Start Time:** _____ **Stop Time:** _____

Feet	Blows	Stroke/ Pressure	Comments	Feet	Blows	Stroke/ Pressure	Comments
0.0 - 1.0				35.0 - 36.0			
1.0 - 2.0				36.0 - 37.0			
2.0 - 3.0				37.0 - 38.0			
3.0 - 4.0				38.0 - 39.0			
4.0 - 5.0				39.0 - 40.0			
5.0 - 6.0				40.0 - 41.0			
6.0 - 7.0				41.0 - 42.0			
7.0 - 8.0				42.0 - 43.0			
8.0 - 9.0				43.0 - 44.0			
9.0 - 10.0				44.0 - 45.0			
10.0 - 11.0				45.0 - 46.0			
11.0 - 12.0				46.0 - 47.0			
12.0 - 13.0				47.0 - 48.0			
13.0 - 14.0				48.0 - 49.0			
14.0 - 15.0				49.0 - 50.0			
15.0 - 16.0				50.0 - 51.0			
16.0 - 17.0				51.0 - 52.0			
17.0 - 18.0				52.0 - 53.0			
18.0 - 19.0				53.0 - 54.0			
19.0 - 20.0				54.0 - 55.0			
20.0 - 21.0				55.0 - 56.0			
21.0 - 22.0				56.0 - 57.0			
22.0 - 23.0				57.0 - 58.0			
23.0 - 24.0				58.0 - 59.0			
24.0 - 25.0				59.0 - 60.0			
25.0 - 26.0				60.0 - 61.0			
26.0 - 27.0				61.0 - 62.0			
27.0 - 28.0				62.0 - 63.0			
28.0 - 29.0				63.0 - 64.0			
29.0 - 30.0				64.0 - 65.0			
30.0 - 31.0				65.0 - 66.0			
31.0 - 32.0				66.0 - 67.0			
32.0 - 33.0				67.0 - 68.0			
33.0 - 34.0				68.0 - 69.0			
34.0 - 35.0				69.0 - 70.0			

Min. Tip Elev.: _____ **Final Tip Elev.:** _____ **Pile Cutoff Elev.:** _____

Final Pile Alignment:_____ **Final Pile Plumbness:** _____ **Internal Inspection:** _____

Has a plan-view sketch of the footing and piling location been completed on the back of this form?_____

Printed Name: _____ **Title:** _____

Signature: _____ **Date:** _____

INDIANA DEPARTMENT OF TRANSPORTATION
PILE DRIVING RECORD

Contract No.: _____

Date: _____ **Bent/Pier No.** _____ **Test Pile:** _____

Job Loc./Br. File No.: _____

Feet	Blows	Stroke/ Pressure	Comments	Feet	Blows	Stroke/ Pressure	Comments
70.0 - 71.0				115.0 - 116.0			
71.0 - 72.0				116.0 - 117.0			
72.0 - 73.0				117.0 - 118.0			
73.0 - 74.0				118.0 - 119.0			
74.0 - 75.0				119.0 - 120.0			
75.0 - 76.0				120.0 - 121.0			
76.0 - 77.0				121.0 - 122.0			
77.0 - 78.0				122.0 - 123.0			
78.0 - 79.0				123.0 - 124.0			
79.0 - 80.0				124.0 - 125.0			
80.0 - 81.0				125.0 - 126.0			
81.0 - 82.0							
82.0 - 83.0				Blows per Inch when Approaching Capacity			
83.0 - 84.0				0 - 1			
84.0 - 85.0				1 - 2			
85.0 - 86.0				2 - 3			
86.0 - 87.0				3 - 4			
87.0 - 88.0				4 - 5			
88.0 - 89.0				5 - 6			
89.0 - 90.0				6 - 7			
90.0 - 91.0				7 - 8			
91.0 - 92.0				8 - 9			
92.0 - 93.0				9 - 10			
93.0 - 94.0				10 - 11			
94.0 - 95.0				11 - 12			
95.0 - 96.0				12 - 13			
96.0 - 97.0				13 - 14			
97.0 - 98.0				14 - 15			
98.0 - 99.0				15 - 16			
99.0 - 100.0				16 - 17			
100.0 - 101.0				17 - 18			
101.0 - 102.0				18 - 19			
102.0 - 103.0				19 - 20			
103.0 - 104.0				20 - 21			
104.0 - 105.0				21 - 22			
105.0 - 106.0				22 - 23			
106.0 - 107.0				23 - 24			
107.0 - 108.0							
108.0 - 109.0				Restrike Test (blows per inch; for 3 inches or 20 blows)			
109.0 - 110.0				0 - 1			
110.0 - 111.0				1 - 2			
111.0 - 112.0				2 - 3			
112.0 - 113.0				3 - 4			
113.0 - 114.0				4 - 5			
114.0 - 115.0				5 - 6			

Min. Tip Elev.: _____ **Final Tip Elev.:** _____ **Pile Cutoff Elev.:** _____

Final Pile Alignment:_____ **Final Pile Plumbness:** _____ **Internal Inspection:** _____

Has a plan-view sketch of the footing and piling location been completed on the back of Page 1?_____

Printed Name: _____ **Title:** _____

Signature: _____ **Date:** _____