**円 す い 貫 入 試 験 成 績 表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 垂直偏位 | 最大値（左）＝ | | | | | | |  | | | | |  | | | 水平偏位 | | | | | 最大値（左）＝ | | | | | |  | | | | |
| 〃　（右）＝ | | | | | | |  | | | | |  | | | 〃　（右）＝ | | | | | |  | | | | |
| 落　下　回　数　（回） |  |  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 60 |  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 50 |  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 40 |  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 24  20 |  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0 |  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 貫　　入　　量  （cm） | | |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 落下回数  （回） | | |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 規　　格　　値  （回） | | |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 測　　　　　点 | | |  |  |  |  |  | |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 人　　孔　　間 | | | 人孔NO　　　～ NO | | | | | | | | | | | | 人孔NO　　　～ NO | | | | | | | | | | | | | 人孔NO　　　～ NO | | | | | | | | | | | 人孔NO　　　～ NO | | | | | | | | | |