



For laboratory use only	
Collection Request No. (CRN)	
Test Request No. (TRN)	

TESTING REQUEST FOR AGGREGATES

Account No. (if available) _____	Customer Test Request Ref. No. _____
(Please provide the following project information if account no. is not available)	
Customer (Works Dept/Office) _____	Contract No. _____
Contract Title _____	Job No. _____
Work/Site Location _____	

Test requested (Select appropriate box)	Description of test	PWLTM No.	Remarks
<input type="checkbox"/> Appendix 5.2 of GS for Civil Engineering Works 1992 and 2006	Determination of the compaction fraction value of aggregate for granular bed	AGG 2.3	
<input type="checkbox"/> BS812:Part 2:1995:Section 5.3	Determination of relative densities & water absorption of aggregate with normal size larger than 10mm using a wire mesh basket	AGG 2.4(a)	
<input type="checkbox"/> BS812:Part 2:1995:Section 5.5	Determination of relative densities & water absorption of aggregate with normal size not larger than 10mm using a Pyknometer	AGG 2.4(b)	
<input type="checkbox"/> Section 22, CS1:2010	Determination of alkali silica reaction potential by ultra-accelerated mortar bar test	AGG 6.1	
<input type="checkbox"/> Other (please specify) _____			

Sample details :-

Name and address of the batching plant : _____

Name and address of the Quarry : _____ / _____

Samples taken by : _____ Date samples taken : _____

Type of material	Customer sample No.	Sample mass	Remarks

Other information/requirement:-

Please indicate whether the sample was obtained in accordance with BS812/ASTM/BS812 & ASTM* Yes / No / Uncertain

Certificate of sampling available: Yes / No

- Notes :-
- (1) To be completed by a project works supervisor grade officer or above.
 - (2) To be completed by a project inspectorate grade officer or above (or his delegate).
 - (3) * Delete as appropriate.

Sample(s) delivery supervised by ⁽¹⁾ :-

Signature : _____

Name : _____

Post/Affiliation : _____

Tel./Fax No. : _____

Date : _____

Test(s) requested by ⁽²⁾ :-

Signature : _____

Name : _____

Post/Affiliation : _____

Tel./Fax No. : _____

Date : _____

Fill in the box below the name, mailing and e-mail address to which the test report(s) should be sent or else mark "To be collected" if the customer requests to collect the report(s) from the laboratory in person.

<input type="checkbox"/> Preliminary results Fax No. <input style="width: 100px;" type="text"/>	
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