

For laboratory use only

Submission Request No. (SRN) Test Request No. (TRN)

## **TESTING REQUEST FOR AGGREGATES IN ACCORDANCE WITH CS3**

Account No. (if available)	_ Customer Test Request Ref. No
(Please provide the following project information if account no. is not available)	(Please limited to 14 characters including insert "R" after the Customer Test Request Ref. No. if the sample submitted as re-test.)
Customer (Works Dept/Office)	Contract No.
Job Title Work/Site Location	Job No.

Method (Select appropriate box)	Test Description		
Section 10 of CS3:2013 <sup>(1)</sup>	Determination of particle size distribution of aggregate by sieving (washing and sieving method/ dry sieving method)	AGG 1.9	
Section 11 of CS3:2013	Determination of aggregate flakiness index	AGG 1.10	
Section 12 of CS3:2013	Determination of aggregate elongation index	AGG 1.11	
Section 13 of CS3:2013	Determination of methylene blue value	AGG 6.4	
Section 14 of CS3:2013	Determination of Los Angeles value	AGG 3.9	
Section 15 of CS3:2013	Determination of aggregate impact value	AGG 3.10	
Section 16 of CS3:2013	Determination of aggregate ten per cent fines value	AGG 3.11	
Section 17 of CS3:2013	Determination of particle densities & water absorption of aggregate all larger than 10 mm (wire basket method)	AGG 2.6(a)	
Section 17 of CS3:2013	Determination of particle densities & water absorption of aggregate 10 mm nominal size and smaller (pyknometer method)	AGG 2.6(b)	
Section 18 of CS3:2013	Determination of aggregate moisture content	AGG 2.7	
Section 19 of CS3:2013	Determination of aggregate soundness value	AGG 3.12	
Section 20 of CS3:2013	Determination of drying shrinkage	AGG 6.2	
Section 22 of CS3:2013	Determination of effect of organic substances by mortar method	AGG 6.3	

Notes :-  $\binom{1}{2}$  Please state whether the sieves recommended in section 3 of CS3 are to be used in the test (if not, please specify).

<sup>2)</sup> To be completed by a project works supervisor grade officer or above.

<sup>(3)</sup> To be completed by a project inspectorate grade officer or above (or his delegate).

\* Delete as appropriate.

## Sample(s) delivery supervised by (2) :-

Signature	:		Signature	:		
Name	:		Name	:		
Post	:		Post	:		
Tel./Fax No.	:	/	Tel./Fax No.	:	/	
Date	:		Date	:		

Test(s) requested by <sup>(3)</sup> :-

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

Preliminary results	
Fax No.:	



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## **SAMPLE(S) INFORMATION**

Contract No.:	Customer	• Test Requ	uest I	Ref. No.		
Source of material(s)/Manufacturer(s):						
Name of the batching plant : Address of the batching plant :						
Name of the QuarryAddress of the Quarry						
AGG 1.9: washing and sieving met	hod 🗌	dry sieving	method		Determination of aggregate fines content	
AGG 2.7: Oven-drying method	high tem	perature me	thod		microwave-oven method	
AGG 3.10: dry		soaked				
AGG 3.11: dry		soaked				
Sample was obtained in accordance with CS3:	Yes	🗌 No	Uncer	rtain		
Certificate of sampling available:						

Additional sample/testing information:

PWLTM no.	Customer sample no.(s)	No. of sample(s)	Type of material	Sample mass (kg)	Date samples taken