



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

TEST REQUEST FORM FOR PURE BITUMEN

Account No. (if available) _____	Customer Test Request Ref. No. _____ (Limited to 20 Characters)
(Please provide the following project information if account no. is not available)	
Customer (Works Dept/Office) _____	Contract No. _____
Job Title _____	Job No. _____
Work/Site Location _____	

Test requested (Select appropriate box)	Description of test
Test Item 1 <input type="checkbox"/> ASTM D5-13	Determination of Penetration of Semi-solid and Solid Bituminous Materials
Test Item 2 <input type="checkbox"/> BS EN 1427:2015	Determination of Softening Point by Ring and Ball Method
Test Item 3 <input type="checkbox"/> ASTM D113-07	Determination of Ductility of Bituminous Materials
Test Item 4 <input type="checkbox"/> ASTM D2042-15	Determination of Solubility of Asphalt Materials in Trichloroethylene
Test Item 5 <input type="checkbox"/> ASTM D1754-14 and D5-13	Determination of Retained Penetration of Asphaltic Materials (Thin-Film Oven Test and Penetration Test)
Test Item 6 <input type="checkbox"/> ASTM D2171-10	Determination of Viscosity of Asphalts by Vacuum Capillary Viscometer
Test Item 7 <input type="checkbox"/> BS EN 13303:2009	Determination of Loss in Mass after Heating of Industrial Bitumen
Test Item 8 <input type="checkbox"/> ASTM D3289-17	Determination of Density of Semi-solid and Solid Asphalt Materials by Nickel Crucible Method

Sample details:-

Security Label No : _____	Source of Bitumen : _____
Sample No. : _____	Production / Supplier : _____
Date of Sampling : _____	Location of Supplier : _____
Weight of Sample ⁽³⁾ : _____	

- 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) The weight of sample shall be written down at the contract laboratory during handing over the test sample.

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

Test(s) requested by ⁽²⁾ :-

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