

REQUEST FORM FOR BITUMINOUS MATERIALS (CORE SAMPLE) TESTS

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.

(Se	Method lect appropriate box)	Test Description	PWLTM no.
	ASTM D2726-96a	Determination of bulk specific gravity and density of non-absorptive compacted dense bituminous paving materials	BIT 3.11
	ASTM D2726-14 and D3203-17 with modifications	Determination of bulk specific gravity, density and percent air voids of non- absorptive compacted dense bituminous/asphalt mixtures	BIT 3.11(a)
	ASTM D3203-94	Determination of air void content of compacted bituminous paving materials	BIT 3.13
	ASTM D3203-94 & D3549-93a	Determination of bulk specific gravity of bituminous paving mixtures	BIT 3.17
	ASTM D3203-17 & D3549-17	Determination of bulk specific gravity and percent air voids in compacted asphalt mixtures	BIT 3.17(a)
	ASTM D1188-96 & D3203-11 with modification	Determination of bulk specific gravity, density and air void content of compacted bituminous paving mixtures using paraffin-coated specimens of 100mm diameter	BIT 3.18 (a)
	ASTM D1188-96 & D3203-11 with modifications	Determination of bulk specific gravity, density and air void content of compacted bituminous paving mixtures using paraffin-coated specimens of 150mm diameter	BIT 3.18 (b)
	ASTM D3203-11	Determination of air void content of compacted dense and open bituminous paving mixtures	BIT 3.19
	ASTM D6752-11 with modifications	Determination of bulk specific gravity and density of compacted bituminous mixtures using automatic sealing method	BIT 3.23
	ASTM D6752-18 and D3203-17 with modifications	Determination of bulk specific gravity, density and percent air voids of compacted asphalt mixtures using automatic sealing method	BIT 3.23(a)

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).

* Delete as inappropriate.

Sample(s) delivery supervised/handed over* 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.

Preliminary results	
Fax No.:	



For laboratory use only	
Submission Request No. (SRN)	
Test Request No. (TRN)	

SAMPLE(S) INFORMATION

Contract No.:			Customer Test I	Request Ref. No.	
Customer sample no.:					
No. of sample(s):					
Security label no.(s):					
Retest:	Yes	🗌 No			
HyD mix ref.:					
Type of mixture:					
Presence of:	polymerother (please	hydrated hydrated he specify):	lime 🗌 fibe		
Sampling by:					
Date of sampling:					
Date of laying:					
Laying location:					
Please indicate which re	eference Rice's !	S.G. (e.g. Test Re	quest No., Custome	er sample no., etc.) sh	ould be used:
Additional sample/testi	ng information:				