



For laboratory use only

Submission Request No. (SRN)

Test Request No. (TRN)

TESTING REQUEST FOR POLYMER / HIGHLY MODIFIED BITUMEN

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 _____	Job No. _____
Work/Site Location _____	

Method (Select appropriate box)	Test Description	PWLTm no.
<input type="checkbox"/> AASHTO Designation T48-06	Determination of flash point by using cleveland open cup tester	BIT 1.15
<input type="checkbox"/> AASHTO T240-09	Effect of heat and air on a moving film of asphalt (rolling thin-film oven test)	BIT 1.13
<input type="checkbox"/> AASHTO T315-09	Determining the rheological properties of asphalt binder using a dynamic shear rheometer (DSR)	BIT 1.12
<input type="checkbox"/> AASHTO T316-06/T316-13(2017)	Determination of viscosity of asphalt binder using rotational viscometer	BIT 1.11
<input type="checkbox"/> AASHTO T48-06 (2015)	Determination of flash point by cleveland open cup	BIT 1.15(a)
<input type="checkbox"/> AASHTO T240-13	Effect of heat and air on a moving film of asphalt (rolling thin-film oven test)	BIT 1.13(a)
<input type="checkbox"/> AASHTO T315-12 (2016)	Determining the rheological properties of asphalt binder using a dynamic shear rheometer (DSR)	BIT 1.12(a)
<input type="checkbox"/> T0620-2000 & ASTM D2171-10 with modification	Determination of dynamic viscosity of highly modified bitumen by vacuum capillary viscometer with modification	BIT 1.29

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 appropriate.

Sample(s) delivery supervised/handed over * by ⁽¹⁾ :-

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

Test(s) requested by ⁽²⁾ :-

Signature : _____
 Name : _____
 Post : _____
 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.:		



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SAMPLE(S) INFORMATION

Contract No.: _____ Customer Test Request Ref. No. _____

BIT 1.12 / BIT 1.12(a) ☐ Original Binder ☐ RTFO Residue soaked

Customer sample no. : _____

Type of Material(s): ☐ Pure Bitumen ☐ Polymer Modified Bitumen ☐ Highly Modified Bitumen

Source of Bitumen: ☐ China ☐ Hong Kong ☐ Singapore
☐ Others (please specify) : _____

Name of Production / Supplier: _____

Location of Production / Supplier: _____

Security label no.: _____

Sampling by^(#): _____

Date of sampling: _____

Sample mass (kg): _____

Point at which sampled: _____

Additional sample/testing information:

Notes :- ^(#) The sampling was carried out by the customer.