



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

TESTING REQUEST FOR CEMENT (CHEMICAL)

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. 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"/> BS EN 196-2:2005, Cl. 7 / BS EN 196-2:2013, Cl. 4.4.1	Determination of loss-on-ignition of cement	CHM 4.5
<input type="checkbox"/> BS EN 196-2:2005, Cl. 8 / BS EN 196-2:2013, Cl. 4.4.2	Determination of sulphate content of cement	CHM 4.6
<input type="checkbox"/> BS EN 196-2:2005, Cl. 9 / BS EN 196-2:2013, Cl. 4.4.3	Determination of residue insoluble in hydrochloric acid and sodium carbonate in cement	CHM 4.7
<input type="checkbox"/> BS EN 196-2:2005, Cl. 14 / BS EN 196-2:2013, Cl. 4.5.16	Determination of chloride content of cement	CHM 4.8
<input type="checkbox"/> BS EN 196-2:2005, Cl. 17 / BS EN 196-2:2013, Cl. 4.5.19	Determination of total alkali content of cement	CHM 4.10
<input type="checkbox"/> BS EN 196-2:2005, Cl. 13.10 and Cl. 13.11	Determination of iron (III) oxide and aluminium oxide content of cement	CHM 4.11

Sample details

PWLTM no.	Customer sample no.(s)	No. of sample(s)	Brand name	Origin	Source of material(s) / Manufacturer(s)	Other information ⁽²⁾

Additional sample/testing information:

Note:- ⁽¹⁾ To be completed by a project inspectorate grade officer or above (or his delegate)
⁽²⁾ Provide information if applicable for the sample(s) tested by the following PWLTM No.
CHM 4.5 : BS EN 196-2:2005 Cl. 7 / BS EN 196-2:2013, Cl. 4.4.1
CHM 4.6 : BS EN 196-2:2005 Cl. 8 / BS EN 196-2:2013, Cl. 4.4.2
CHM 4.7 : BS EN 196-2:2005 Cl. 9 / BS EN 196-2:2013, Cl. 4.4.3
CHM 4.8 : BS EN 196-2:2005 Cl. 14 / BS EN 196-2:2013, Cl. 4.5.16
CHM 4.10 : BS EN 196-2:2005, Cl. 17 / BS EN 196-2:2013, Cl. 4.5.19

Sample(s) delivery by

Test(s) requested by⁽¹⁾

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

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.

Fax No.:		