



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

TESTING REQUEST FOR CONCRETE (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 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"/> CS1:2010 and CS1:1990 Section 21.10.2 and BS1881:Part124:1988	Determination of chloride content in hardened concrete	CHM 5.3
<input type="checkbox"/> CS1: 2010 Section 21.10.3 and CS1:1990 Section 21.10.3	Determination of sulphate content in hardened concrete	CHM 5.4
<input type="checkbox"/> CS1: 2010 and CS1: 1990, section 21.6	Determination of cement content and aggregate content of hardened concrete	CHM 5.8
<input type="checkbox"/> BS EN 14630: 2006	Determination of carbonation depth in hardened concrete by the phenolphthalein method	CHM 5.9

Sample details

PWLTM no.	Customer sample no.(s)	No. of sample(s)	Sample description	Sample size

Additional sample/testing information:

Note: ⁽¹⁾ To be completed by a project inspectorate grade officer or above (or his delegate)

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.:		