



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

TESTING REQUEST FOR PULVERIZED-FUEL ASH (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"/> BS EN 196-2: 2005 Cl. 17	Determination of total alkali content of pulverized-fuel ash	CHM 6.5
<input type="checkbox"/> BS 3892: Part 1:1997 (Annex C)	Determination of moisture content of pulverized-fuel ash	CHM 6.7
<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 pulverized-fuel ash	CHM 6.8
<input type="checkbox"/> BS EN 196-2: 2005, Cl. 8	Determination of sulphuric anhydride content of pulverized-fuel ash	CHM 6.9
<input type="checkbox"/> BS EN 196-2: 2005, Cl. 14	Determination of chloride content of pulverized-fuel ash	CHM 6.10
<input type="checkbox"/> BS EN 196-2: 2005, Cl. 13	Determination of calcium oxide content of pulverized-fuel ash	CHM 6.11

CHM 6.8: ☐ BS EN 196-2: 2005 Cl. 7 ☐ BS EN 196-2: 2013, Cl. 4.4.1

Sample details

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

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.:		