



COMPRESSION TEST REQUEST FOR CONCRETE/CEMENT GROUT CUBES

| | |
|--|---|
| 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 and it must be <u>Unique</u> .) |
| Customer (Works Dept/Office) _____ | Contract No. _____ |
| Job Title _____ | Job No. _____ |
| Work/Site Location _____ | |

Please test the accompanying cubes for compressive strength in accordance with Construction Standard CS1:2010 and it is certified that all cubes have been sampled, made and cured on site in accordance with the corresponding Standard.

(PWLTM No. CON 2.9)

Type of cubes: ☐ Concrete ☐ Cement grout

Cube details: Nominal size (mm): ☐ 100 ☐ 150

Date of mixed Age of cubes for testing ☐ days ☐ A.S.A.P.

| Cube identification mark | A | B | C | D | E | F |
|---|--|--|--|--|--|--|
| Security label no. | | | | | | |
| Mould No. | | | | | | |
| Cubes in pair | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Batch/delivery ticket No. | | | | | | |
| Claimed time (24 hours format) water added | | | | | | |
| Sampling time (24 hours format) | | | | | | |
| Weather/ambient temperature | / °C | / °C | / °C | / °C | / °C | / °C |
| Location in works | | | | | | |
| Measured slump (mm) | | | | | | |

For designed mix, Mix ID shall be provided in accordance with chapter 7 Clause 21.22 of PAH.

| | | | | | |
|---------------------------|--|-----------------------|--|-------|--|
| Mix ID : | | Mix description : | | W/C : | |
| Designed strength (MPa) : | | Designed slump (mm) : | | | |

Additional sample/testing information:

| | | |
|----------------------------|---------------------------------|-------------------------------------|
| Cubes made by | Cubes delivered/handed over* by | Test(s) requested by ⁽¹⁾ |
| Signature _____ | Signature _____ | Signature _____ |
| Name _____ | Name _____ | Name _____ |
| Post _____ | Post _____ | Post _____ |
| Tel./Fax No. _____ / _____ | Tel./Fax No. _____ / _____ | Tel./Fax No. _____ / _____ |
| Date _____ | Date _____ | Date _____ |

Notes :

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

(2) * Delete as appropriate.

Concrete must be sampled and cubes made and delivered under the supervision of government project site staff.

Duplicate copy of the request form should be submitted.

Fill in the box below the name, mailing and e-mail address to which the test report/certificate(s) should be sent or else mark ☐ "To be collected" if the customer requests to collect the report/certificate(s) from the laboratory in person.

| | | |
|--|--|--|
| <input type="checkbox"/> Preliminary results | | |
| Fax No.: | | |