



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 Unique.)
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⁽³⁾ ☐ 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	
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⁽³⁾:

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.
- (3) In case of Tropical Cyclone Warning Signal No. 8 or above, Black Rainstorm Signal Warning, or "extreme conditions" announced by the HKSAR Government, the test(s) to be postponed accordingly.

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.:		