



For laboratory use only	
Collection Request No. (CRN)	
Test Request No. (TRN)	

### COMPRESSION TEST REQUEST FOR CONCRETE CUBES

Account No. (if available) _____	Customer Test Request Ref. No. <sup>(1)</sup> _____
<small>(Please provide the following project information if account no. is not available)</small>	
Customer (Works Dept/Office) _____	Contract No. _____
Contract Title _____	Job No. _____
Work/Site Location _____	

Please test the accompanying cubes for compressive strength in accordance with Construction Standard CS1:  1990# /  2010 and it is certified that all cubes have been sampled, made and cured on site in accordance with the corresponding Standard. (Note : # Tests under CS1:1990 will not be provided after 30 June 2020)

Date of concrete mixed  Age of cubes for testing  days

Concrete cube details: Nominal size (mm):  100  150

Cube identification mark	A	B	C	D	E	F
Security label No.						
Cubes in pair (select as appropriate)	<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 water added <sup>(2)</sup>						
Sampling time <sup>(2)</sup>						
Weather/ambient temperature	/ °C		/ °C		/ °C	
Concrete location in works						
Measured slump	mm					

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

Grade :

Strength (MPa)	Mix description

Designed slump (mm) : \_\_\_\_\_

Mix ID : \_\_\_\_\_

For standard mix, mix details shall be provided below: \_

Concrete supplier _____		Location of concrete batching plant _____	
Coarse agg. _____ kg/m <sup>3</sup>		Name and address of _____	
Fine agg. _____ kg/m <sup>3</sup>		Quarry _____	
Cement _____ kg/m <sup>3</sup>		Brand/source _____	
PFA _____ kg/m <sup>3</sup>		Brand/source _____	
Silica fume _____ kg/m <sup>3</sup>		Brand/source _____	
GGBS _____ kg/m <sup>3</sup>		Brand/source _____	
Admixture _____ l/m <sup>3</sup>		Brand _____	Type _____
Water _____ l/m <sup>3</sup>			

Cubes made by	Cubes delivered/handed over* by	Test(s) requested by <sup>(3)</sup>
Signature _____	Signature _____	Signature _____
Name _____	Name _____	Name _____
Post _____	Post _____	Post _____
Tel/Fax No _____	Tel./FaxNo. _____	Tel./Fax No. _____
Date _____	Date _____	Date _____

Notes :

- (1) The "Customer Test Request Ref. No." to be assigned by customer and must be Unique and limited to 12 Digits (both Characters or Numeric).
- (2) To be entered in 24 hours format.
- (3) To be completed by a project inspectorate grade officer or above (or his delegate).
- (4) \* Delete as inappropriate.

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. <input style="width: 100px;" type="text"/>	
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