



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

COMPRESSION TEST REQUEST FOR CONCRETE CORES

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

Method (Select appropriate box)	Test Description	PWLTM no.	No. of sample(s)
<input type="checkbox"/> CS1:2010 Section 15	Compressive strength of concrete cores in accordance with CS1:2010 Section 15 (for 100 mm diameter size)	CON 2.10(a)	
<input type="checkbox"/> CS1:2010 Section 15	Compressive strength of concrete cores in accordance with CS1:2010 Section 15 (for 150 mm diameter size)	CON 2.10(b)	

SAMPLE(S) INFORMATION

CON 2.10(a) / CON 2.10(b): ☐ with voidage ☐ without voidage

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

Specimen identification mark						
Security label no.						
Coring location						
Date of drilling						
Age of concrete at time of core drilling						
Direction of drilling relative to casting*						
Conditions of storage [#]						

* State "vertical", "horizontal" or "diagonal" as specified in the corresponding Standard. (If "diagonal" is opted, the estimated in-situ cube strength will not be provided in the test report).

[#] State "moist chamber", "mist room", "water tank", "site office" or "open area". In the latter two cases, whether covered or uncovered.

Core details: Diameter _____ mm Maximum aggregate size _____ 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) :		

Notes :

- (1) To be completed by a project inspectorate grade officer or above (or his delegate).
- (2) * Delete as appropriate.

Concrete core must be delivered under the supervision of government project site staff.

Officer in charge of taking cores	Cores 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 _____

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.:		