



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

### COMPRESSION TEST REQUEST FOR CONCRETE CORES

Account No. (if available) _____	Customer Test Request Ref. No. <sup>(1)</sup> _____
(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 _____	

Please test the accompanying cores for compressive strength  with voidage /  without voidage in accordance with Construction Standard CS1:2010 and it is certified that all cores have been taken in accordance with the corresponding Standard.

Date of concrete mixed  Age of cores for testing  days  
 Core details: Diameter  mm Maximum aggregate size  mm

Core identification mark						
Coring location						
Date of drilling						
Age of concrete at time of core drilling						
Direction of drilling relative to casting*						
Conditions of storage <sup>#</sup>						

<b>For designed mix, Mix ID shall be provided in accordance with chapter 7 Clause 21.22 of PAH.</b>	Grade :	<b>Strength (MPa)</b>	<b>Mix description</b>	<b>Designed slump (mm) :</b> _____
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 _____
Admixture _____ l/m <sup>3</sup>		Brand _____ Type _____
Water _____ l/m <sup>3</sup>		

\* 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).

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

Officer in charge of taking cores	Cores delivered/handed over* by	Test(s) requested by <sup>(2)</sup>
Signature _____	Signature _____	Signature _____
Name _____	Name _____	Name _____
Post _____	Post _____	Post _____
Tel./Fax No. _____	Tel./Fax No. _____	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 completed by a project inspectorate grade officer or above (or his delegate).
  - (3) \* Delete as inappropriate.

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