



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

TESTING REQUEST FOR CEMENT

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.)
Customer (Works Dept/Office) _____	Contract No. _____
Job Title _____	Job No. _____
Work/Site Location _____	

Method (Select appropriate box)	Test Description	PWLTM no.
<input type="checkbox"/> BS EN 196-3:1995 Cl. 6	Tests for cement setting times	CEM 1.6
<input type="checkbox"/> BS EN 196-3:2005+A1:2008 Cl. 6	Test for cement setting times	CEM 1.11
<input type="checkbox"/> BS EN 196-3:1995 Cl. 5	Determination of cement standard consistence	CEM 1.7
<input type="checkbox"/> BS EN 196-3:2005+A1:2008 Cl. 5	Determination of cement standard consistence	CEM 1.12
<input type="checkbox"/> BS EN 196-3:1995 Cl. 7	Cement soundness test	CEM 1.8
<input type="checkbox"/> BS EN 196-3:2005+A1:2008 Cl. 7	Cement soundness test	CEM 1.13
<input type="checkbox"/> BS EN 196-6 : 1992 Annex NC	Cement density test	CEM 1.9
<input type="checkbox"/> BS EN 196-6: 2010 Annex NC	Cement density test	CEM 1.14
<input type="checkbox"/> BS EN 196-6 : 1992 Cl. 4	Cement fineness test by blaine method	CEM 1.10
<input type="checkbox"/> BS EN 196-6: 2010 Cl. 4	Cement fineness test by blaine method	CEM 1.15
<input type="checkbox"/> BS EN 196-1:1995	Determination of cement strength by flexural and compressive strength tests on prismatic specimens	CEM 2.3
<input type="checkbox"/> BS EN 196-1:2005	Determination of cement strength by flexural and compressive strength tests on prismatic specimens	CEM 2.4

Note:-
 (1) To be completed by a project works supervisor grade officer or above.
 (2) To be completed by a project inspectorate grade officer or above (or his delegate).
 * Delete as inappropriate.

Sample(s) delivery supervised/handed over* by ⁽¹⁾ :-

Test(s) requested by ⁽²⁾ :-

Signature : _____
 Name : _____
 Post : _____
 Tel./Fax No. : _____ / _____
 Date : _____

Signature : _____
 Name : _____
 Post : _____
 Tel./Fax No. : _____ / _____
 Date : _____

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

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



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SAMPLE(S) INFORMATION

Contract No.: _____ Customer Test Request Ref. No. _____

Customer sample no. : _____

Brand name: _____

Specification: _____

Origin: _____

Strength Class: _____

Sample mass (kg): _____

Source of material(s)/Manufacturer(s):

Additional sample/testing information:
