



TESTING REQUEST FOR CONCRETE MATERIALS

(Except Compressive Strength Test of Concrete Cores, Concrete Cubes and Cement Grout Cubes in accordance with CS1:2010)

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 <u>Unique</u> .)
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"/> BS7263:Part 1:1994	Measurement of dimensions & determination of transverse strength of precast concrete kerbs	CON 2.6	
<input type="checkbox"/> CS1:2010, Vol. 2:Section 13	Determination of tensile splitting strength of cylindrical concrete	CON 2.11	
<input type="checkbox"/> CS1:2010:Section 14	Determination of flexural strength of concrete beams	CON 2.12	
<input type="checkbox"/> BS1881:Part 122:1983	Determination of water absorption of concrete	CON 5.8	
<input type="checkbox"/> CS1:2010, V2, Sect 19	Determination of concrete's ability to resist chloride ion penetration	CON 5.12	
<input type="checkbox"/> AS/NZS 2908.2:2000	Determination of the bending strength of wall panels	CON 5.15	
<input type="checkbox"/> BS1881:Part 202:1986	Surface hardness testing by rebound hammer ⁽³⁾	CON 6.5	
<input type="checkbox"/> BS EN 12504-2:2021	Determination of rebound number of an area of hardened concrete using a spring-driven hammer ⁽³⁾	CON 6.5(a)	

PWLTM no.	Customer sample no.(s)	No. of sample(s)	Sample description	Original product size (mm)	Grade of sample(s)	Date of concrete mixed	Age of testing (days)	Supplier(s) / Source(s)

Additional sample/testing information:

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).
⁽³⁾ For the determination of surface hardness testing by rebound hammer, please provide the description of structure, test position, test direction and surface condition.
 * Delete as appropriate.

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

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

Test(s) requested by ⁽²⁾ :-

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.:		