

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

TESTING REQUEST FOR GROUND GRANULATED BLAST FURNACE SLAG (GGBS)

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 Tes 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 D	Description	PWLTM no.
BS EN 196-1:1995 Cl. 9.3 in conjunction with BS EN 15167-1:2006 Cl. 5.3.2.3	Determination of activity index			GGB 1.1
BS EN 196-3:1995 Cl. 5 in conjunction with BS EN 15167-1:2006 Cl. 5.3.2.2	Determination of standard consistence			GGB 1.2
BS EN 196-3:1995 Cl. 6.1 and 6.2 in conjunction with BS EN 15167-1:2006 Cl. 5.3.2.2	Determination of initial setting time		GGB 1.3	
BS EN 196-6:1992 Annex NC in conjunction with BS EN 15167-1:2006 Cl. 5.5g	Determination	of particle dens	ity	GGB 1.4
BS EN 196-6:1992 Cl. 4 in conjunction with BS EN 15167-1:2006 Cl. 5.3.1	Fineness test b	y blaine method	ı	GGB 1.5
BS EN 196-1:2005 Cl. 9.2 in conjunction with BS EN 15167-1:2006 Cl. 5.3.2.3	Determination furnace slag (0		x of ground granulated blast	GGB 1.6
BS EN 196-3:2005+A1:2008 Cl. 5 in conjunction with BS EN 15167-1:2006 Cl. 5.3.2.2	Determination blast furnace s		sistence for ground granulated	GGB 1.7
BS EN 196-3:2005+A1:2008 Cl. 6.1 and 6.2 in conjunction with BS EN 15167-1:2006 Cl. 5.3.2.2	Determination furnace slag (time of ground granulated blast	GGB 1.8
BS EN 196-6:2010 Annex NC in conjunction with BS EN 15167-1:2006 Cl. 5.5g			ity for ground granulated blast rith portland cement	GGB 1.9
BS EN 196-6:2010 Cl. 4 in conjunction with BS EN 15167-1:2006 Cl. 5.3.1	Ground granulated blast furnace slag (GGBS) fineness test by blaine method			GGB 1.10
Note:- (1) To be completed by a project works supervisor (2) To be completed by a project inspectorate grave * Delete as inappropriate. Sample(s) delivery supervised/handed over* by (1):-	de officer or abo			
S:	,	C:		
Signature : Name :	_	Signature Name	:	
		Post	: :	
Post :		Tel./Fax No.	:/	
Date :		Date	:	
Fill in the box below the name, mailing and e-mail addrescustomer requests to collect the report(s) from the laborat		est report(s) sho	uld be sent or else mark "To be	collected" if the
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	1: