



**For laboratory use only**

Submission Request No. (SRN)

Test Request No. (TRN)

## UNCONFINED COMPRESSIVE STRENGTH TEST REQUEST FOR CEMENT SOIL CORES

|  |   |
|--|---|
| 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 _____   |   |

Description of test: Unconfined compression test of cement soil cores in accordance with "Interim Guidelines on Testing of Unconfined Compressive Strength of Cement Stabilised Soil Cores in Hong Kong (October 2017, HKIE)"  
**(PWLTM No. MIS 10.1)**

|  |   |  |                     |
|--|---|--|---------------------|
| Cluster no. / Core hole no.                          |   |  |                     |
| Completion time of mixing cementitious agent to soil | Date  |  | Time <sup>(1)</sup> |
| Age of cores for testing                             | <input type="checkbox"/> days <input type="checkbox"/> A.S.A.P. |  |                     |

|   |         |  |          |  |
|---|---------|--|----------|--|
| Coordinates of core hole                    | Easting |  | Northing |  |
| Seabed / Ground level at core hole (mPD)    |         |  |          |  |
| Water cement ratio                          |         |  |          |  |
| Cementitious agent (e.g. cement, lime etc.) |         |  |          |  |
| Binder content (kg/m <sup>3</sup> )         |         |  |          |  |
| Design strength (MPa)                       |         |  |          |  |
| Sample diameter (mm)                        |         |  |          |  |

|                                    |                                       |                                       |
|------------------------------------|---------------------------------------|---------------------------------------|
| Officer in charge of taking cores: | Samples delivered by <sup>(4)</sup> : | Test(s) requested by <sup>(5)</sup> : |
| 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.:                                     |  |  |



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**SAMPLE(S) INFORMATION**

Contract No.: \_\_\_\_\_ Customer Test Request Ref. No. \_\_\_\_\_

Termination criteria of test: ☐ compressive stress drops to two-third of the maximum value  
☐ axial strain reaches 15%  
☐ other (please specify: \_\_\_\_\_ )

Customer sample no. : \_\_\_\_\_

Additional sample/testing information:

| Set no. | Sample identification mark | Sample depth from seabed / ground level at core hole (m) | Soil type <sup>(2)</sup> | Sample is sealed (Y/N) <sup>(3)</sup> | Test with capping (Y/N) |
|---------|----------------------------|--|--------------------------|---------------------------------------|-------------------------|
| 1       |                            |  |                          |                                       |                         |
| 2       |                            |  |                          |                                       |                         |
| 3       |                            |  |                          |                                       |                         |
| 4       |                            |  |                          |                                       |                         |
| 5       |                            |  |                          |                                       |                         |
| 6       |                            |  |                          |                                       |                         |
| 7       |                            |  |                          |                                       |                         |
| 8       |                            |  |                          |                                       |                         |
| 9       |                            |  |                          |                                       |                         |
| 10      |                            |  |                          |                                       |                         |
| 11      |                            |  |                          |                                       |                         |
| 12      |                            |  |                          |                                       |                         |
| 13      |                            |  |                          |                                       |                         |
| 14      |                            |  |                          |                                       |                         |
| 15      |                            |  |                          |                                       |                         |

## **Guidance Notes on completion of Request Form for Unconfined Compressive Strength Test for Cement Soil Cores**

### General Guidance

A separate form should be completed for samples from each sampling/testing location. Each form should be signed and dated. The request form must accompany the samples, which should be delivered to the testing laboratory by trained staff of the customer. Please note that the customer who has made the request for testing is responsible for ensuring that the test samples / positions have been selected in accordance with the specification requirements and are representative, and that the samples are delivered to the testing laboratory by personnel of appropriate level, using secure means, with clear indelible labels/markings on the samples for identification to ensure traceability.

### Notes

1. Time shall be entered in 24 hours format.
2. Suggested descriptions are: SAND, SILT, CLAY or combinations
3. Please specify whether the sample is sealed or unsealed. If the specimen is not sealed when delivered to the laboratory, the UCS test to be carried out is outside the scope of the test method and only non-HOKLAS test report will be issued.
4. The person who will be escorting the samples to the laboratory should be nominated by the personnel who requests the test.
5. The test shall be requested by a project inspectorate grade office or above (or his delegate).