



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

TESTING REQUEST FOR AGGREGATES

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"/> ASTM D546-05 with Modification	Sieve analysis of mineral filler for bituminous paving mixtures	AGG 1.8
<input type="checkbox"/> ASTM D546-17 with Modification	Sieve analysis of mineral filler for asphalt paving mixtures	AGG 1.8(a)
<input type="checkbox"/> GS 2006 App. 5.2	Determination of the compaction fraction value of aggregates for granular bed	AGG 2.3
<input type="checkbox"/> GS 2020 App. 5.2	Determination of the compaction fraction value of aggregates for granular bed	AGG 2.3(a)
<input type="checkbox"/> BS812:Part 2:1995 Section 5.3	Determination of particle densities and water absorption of aggregate with nominal size larger than 10 mm (wire basket method)	AGG 2.4(a)
<input type="checkbox"/> BS812:Part 2:1995 Section 5.5	Determination of particle densities and water absorption of aggregate with nominal size not larger than 10 mm (pycnometer method)	AGG 2.4(b)
<input type="checkbox"/> BS812:Part 2:1995	Determination of bulk density of aggregate	AGG 2.5
<input type="checkbox"/> CS1:2010, Vol. 2:Section 22	Determination of alkali silica reaction potential by ultra-accelerated mortar bar test	AGG 6.1
<input type="checkbox"/> GS 2006, Clause 9.47 (9)	Determination of maximum metals and foreign material content for the recycled sub-base materials	AGG 5.1
<input type="checkbox"/> BS EN 196-6:2010 Annex NC	Determination of density of mineral filler for bituminous paving mixtures	AGG 1.12

- Notes :- ⁽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 appropriate.

Sample(s) delivery supervised 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.:		



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SAMPLE(S) INFORMATION

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

Name of Quarry: _____

Location of Quarry: _____

Location of Sampling: _____

Date of Sampling: _____

Type of Aggregates: _____

Nominal Size of Aggregates: _____

Sample was obtained in accordance with BS812 ASTM D242 CS3 uncertain

Certificate of sampling available: Yes No

Additional sample/testing information:

PWLTM no.	Customer sample no.(s)	No. of sample(s)	Sample Description	Sample mass (kg)	Remark