



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

TESTING REQUEST FOR CEMENT

Account No. (if available) _____ <small>(Please provide the following project information if account no. is not available)</small>	Customer Test Request Ref. No. _____ <small>(Please limited to 14 characters including insert "R" after the Customer Test Request Ref. No. if the sample submitted as re-test.)</small>
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: _____

Country of Origin: _____

Strength Class: _____

Nature and Size of Sample: _____

Date of Sampling: _____

Method of Sampling: _____

Sample mass (kg): _____

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

Additional sample/testing information:
