

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 Test Request Ref. No. if the sample submitted as re-test.)		
Customer (Works Dept/Office)	Contract No.		
Job Title	Job No.		

Work/Site Location

JOD NO.

Method (Select appropriate box)	Test 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 density	GGB 1.4
BS EN 196-6:1992 Cl. 4 in conjunction with BS EN 15167-1:2006 Cl. 5.3.1	Fineness test by blaine method	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 of activity index of ground granulated blast furnace slag (GGBS)	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 of standard consistence for ground granulated blast furnace slag (GGBS)	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 of initial setting time of ground granulated blast furnace slag (GGBS)	GGB 1.8
BS EN 196-6:2010 Annex NC in conjunction with BS EN 15167-1:2006 Cl. 5.5g	Determination of particle density for ground granulated blast furnace slag (GGBS) for use with 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

<sup>(1)</sup> To be completed by a project works supervisor grade officer or above. Note:-

<sup>(2)</sup> 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	:		Signature	:	
Name	:		Name	:	
Post	:		Post	:	
Tel./Fax No.	:	/	Tel./Fax No.	:	/
Date	:		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.

Preliminary results	
Fax No.:	



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

## SAMPLE(S) INFORMATION

Contract No.:	Custo	mer Test Request Ref. No.	
Customer sample no. :			
Brand name:			
Specification:			
Country of Origin:			
Strength Class:			
Method of Sampling:			
Date of Sampling:			
Sample mass (kg):			
Source of material(s)/Manufacturer(s	):		
Additional sample/testing informatio	1:		