### Request for Compression Test of Concrete Cube

Form No.: COWS 041/Issue 1/ Rev. D/05/05/2012

**Request No.:**

**Date received:**

### Basic information:

**Contract no.:**

**Your ref. no.:**

**Works Order no.:**

**Project title:**

**Project location:**

**Customer:**

**Contractor:**

**Sample delivery:**

- [ ] Laboratory collect
- [ ] Client deliver

**Test method:**

- [ ] CS1: 1990: Section 12
- [ ] CS1: 2010: Section 12

**Test witness:**

- [ ] Required *
- [ ] Not required

**Sampling certificate:**

- [ ] Enclosed
- [ ] Not enclosed

### Details of test sample:

- **Concrete mix:**
- **Concrete grade (MPa):**
- **Admixtures used:**
- **Design slump (mm):**
- **Water / Cement ratio:**
- **Measured slump (mm):**
- **Sampling location:**
- **Site curing method:**
- **Method of compaction:**
- **Sampling certificate no.:**
- **Place of making cube:**
- **Cube nominal size:**
- **Curing temperature (°C):**
- **Sampled & casted by:**

<table>
<thead>
<tr>
<th>Lab</th>
<th>Client</th>
<th>Date of cast (dd/mm)</th>
<th>Time of adding water to the mix (hh:mm)</th>
<th>Age at test (days)</th>
<th>Location of cast</th>
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**Remarks:**

* Please confirm the time of arrival 24 hrs in advance

### Details of report delivery:

**Reports bill to:**

**Reports send to:**

**Requested by:**

**Contact tel. no.:**

- (office)
- (site)

**Fax no.:**

- (office)
- (site)