	GENERIC PROJECT DOCUMENT	ATDP_SC_000701
	LABORATORY TEST REQUEST	Issue 0
		Copyright


Details:	Lab sample no:	Request no:
Area:		
Layer description (if applicable):	From km:	To km:
Layer thickness, mm (if applicable):	(mm)	Material source (if applicable):
Volume of concrete (if applicable)	(m ³)	Volume of earthworks (if applicable) (m ³)
Required date and time for sampling:		
Date:		Time:
Issued by contractor:		Received by Laboratory:
Requested by:		Received by:
Date:	Time:	Date: Time:

CONCRETE

Date cast	Cube no.	Number of cubes	Age to be tested	Origin of cubes	Slump measured	Required strength

EARTHWORKS

Test position			Type of test						
Test no.	E	Offset, m	Density	Mod	Indicator	BR	U S	ITS	OTHER - Specify
1									
2									
3									
4									
5									
6									

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Other tests (to be specified):	
Remarks (by Lab):	
Returned by Laboratory	Received by Engineer
Completed by:	Received by:
Date & Time	Date & Time