حســـن الأمـير
لفحص التربة والمواد الأولية
HASSAN AL AMIR
SOIL ANALYSIS

HASA
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## Concrete Cube Compressive Strength & Chemical Analysis of Concrete - Test Request

*(According to BS 1881 Part 116 : 1983 AMD 6097 : 1989, 6720 : 1991)*

| **TEST REQUESTED →→** | ***Compressive Strength of Concrete Cube*** ☐ | ***Chemical Analysis of Hardened Concrete*** ☐ | |
|---|---|---|---|
| *Contractor* | | *Address* | |
| *Consultant* | | *Phone Number* | |
| *Client/ Owner* | | *Contact Person* | |
| *Project Name* | | *Contact Number* | |
| *Plot No - Location* | | *Client Site Ref. No* | |
| ***Conc Location/ Structure*** | | | |

| | | | |
|---|---|---|---|
| ***Date & Time of Sampling*** | | *Concrete Sampling Method* | BS 1881:Part 101:1983: AMD 6098/ other |
| *Place of Sampling/ Casting* | | *Cube Sampling Method* | BS 1881:Part 108:1983: AMD 6105/ other |
| *Date & Time of Making Cubes* | | *Site Curing & Storage Cond.* | BS 1881:Part 111:1983: AMD 6102/ other |
| *Place of Making Cubes* | | *Sampling/ Cube Making Certif* | NP |
| ***Concrete Supplier →→→→*** | | *Site Curing Certificate* | NP |
| *Sampling Done By* | Contractor ☐ RMC Tech ☐ | *Total Number of Specimen* | |
| *Sample Brought By* | Contractor ☐ Laboratory ☐ | *Type of Sample* | Concrete Cube ☐ Concrete Cylinder ☐ |

| | | | |
|---|---|---|---|
| *Concrete Mix Type* | Ready-mix ☐ Site-mix ☐ | *Cube Dimention* | 150x150x150 ☐ 100x100x100 ☐ 50x50x50 ☐ |
| *Compaction Method* | Tamping Bar ☐ Vibrating ☐ | *Concrete Grade* | C-20/30 ☐ C-40 ☐ C-45 ☐ C-50 ☐ Other ☐ |
| *Concretre Temperature* | | *Other Conc. Grade* | ***Cement Type :-*** OPC ☐ SRC ☐ |
| *Concrete Slump / Air Content* | | *Concrete For* | Sub-Structure ☐ Super-Structure ☐ |
| *Concrete Mix-Design* | | *Structure/ Element* | Column ☐ Slab ☐ Beam ☐ Footing/ Tie B ☐ |

**CUBE DETAILS**

| No of Specimen | Client Sample ID | Casting Date | Required Testing Age, days | Required Test Date | Concrete Location/ Structure | Test Details and/ or HASA Lab Request No. |
|---|---|---|---|---|---|---|
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Condition of cubes has been checked and marked on request form & intimated to the contractor's representative at the time of submission of cubes.

**Condition of Cubes at the time of receiving :** *(Please tick-mark the appropriate)* - By Cube Receiver

| | | | | | |
|---|---|---|---|---|---|
| Cubes are Normal | ☐ | Cube Edges are Broken | ☐ | Honey Combing on Surface | ☐ |
| Cubes are De-shaped | ☐ | Chipped from the Sides | ☐ | Spalling on Surface | ☐ |

***Remarks :-*** ----------

***Sample Submitted By :-*** ----------

***Signature :-*** ----------

***Date & Time :-*** ----------

**FOR LABORATORY USE ONLY**

Sample Received By (Name)

Date & Time :-

Warehouse 09 – Ras Al Khor Industrial Area 2, Dubai – UAE
Tel : 04 341 6086 | PO Box : 510 , Dubai

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