

**Concrete Cube Compressive Strength & Chemical Analysis of Concrete - Test Request**

(According to BS EN 12390-3:2019 & BS 1881-124:2015+A1:2021)

<b>TEST REQUESTED →→</b>	<b>Compressive Strength of Concrete Cube</b> <input type="checkbox"/>	<b>Chemical Analysis of Hardened Concrete</b> <input type="checkbox"/>
Contractor	Address	
Consultant	Phone Number	
Client/ Owner	Contact Person	
Project Name	Contact Number	
Plot No - Location	Client Site Ref. No	
<b>Conc Location/ Structure</b>		
<b>Date &amp; Time of Sampling</b>	Concrete Sampling Method	BS EN 12350 - Part 1 : 2019
Place of Sampling/ Casting	Cube Sampling Method	BS EN 12350 - Part 1 : 2019
Date & Time of Making Cubes	Site Curing & Storage Cond.	BS EN 12390 - Part 2 : 2019
Place of Making Cubes	Sampling/ Cube Making Certif	NP
<b>Concrete Supplier →→→→</b>	Site Curing Certificate	NP
Sampling Done By	Contractor <input type="checkbox"/> RMC Tech <input type="checkbox"/>	Total Number of Specimen
Sample Brought By	Contractor <input type="checkbox"/> Laboratory <input type="checkbox"/>	Type of Sample
		Concrete Cube <input type="checkbox"/> Concrete Cylinder <input type="checkbox"/>
Concrete Mix Type	Ready-mix <input type="checkbox"/> Site-mix <input type="checkbox"/>	Cube Dimention
		150x150x150 <input type="checkbox"/> 100x100x100 <input type="checkbox"/> 50x50x50 <input type="checkbox"/>
Compaction Method	Tamping Bar <input type="checkbox"/> Vibrating <input type="checkbox"/>	Concrete Grade
		C-20/30 <input type="checkbox"/> C-40 <input type="checkbox"/> C-45 <input type="checkbox"/> C-50 <input type="checkbox"/> Other <input type="checkbox"/>
Concrete Temperature		Other Conc. Grade
		<b>Cement Type :-</b> OPC <input type="checkbox"/> SRC <input type="checkbox"/>
Concrete Slump / Air Content		Concrete For
		Sub-Structure <input type="checkbox"/> Super-Structure <input type="checkbox"/>
Concrete Mix-Design		Structure/ Element
		Column <input type="checkbox"/> Slab <input type="checkbox"/> Beam <input type="checkbox"/> Footing/ Tie B <input type="checkbox"/>

CUBE DETAILS						Test Details and/ or HASA Lab Request No.
No of Specimen	Client Sample ID	Casting Date	Required Testing Age, days	Required Test Date	Concrete Location/ Structure	

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 :-