



**AJMAN MUNICIPALITY & PLANNING DEPARTMENT
BUILDING MATERIALS LABORATORY**

TEST REQUEST & WORKSHEET FOR COMPRESSIVE STRENGTH OF CONCRETE CUBES

*CLIENT		REPORT No.	
*CONTRACTOR		REQUEST No.	
*CONSULTANT		RECEIVED BY	
*OWNER		DATE RECEIVED	
*BLDG. PERMIT NO.		SAMPLE BROUGHT BY	
*PROJECT NAME		EXP. REPORTING DATE	
*PROJECT LOCATION		INVOICE NO.	
*SOURCE		<i>Note: Please provide and type all information and cross at any items not applicable or input NP (Not Provided).</i>	
*STRUCTURAL REF.			
*SPECIFIED STRENGTH			
*Casting date & time		*No. of cubes	
*Casting place		*Nominal size (mm)	
*Required test age		*Cubes prepared by	
*Curing/ Storage- site		*Compaction equipment	Compaction bar
*Sampling preparation		*Compaction method	<input type="checkbox"/> Manual <input type="checkbox"/> Vibration
*Curing certificate	<input type="checkbox"/> yes <input type="checkbox"/> no		
*Contractor: Name		*Consultant Stamp:	
* Mobile no.			
*Consultant: Name			
* Mobile no.			
*Signature			

Lab sample no.									
*Customer's sample no.									
Removal of fins									
Check nominal dimension	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Dimensions, mm	L								
	W								
	H								
Mass, kg									
Max. Load @ F, kN									
Compressive strength, N/mm ²									
Fracture type*									

Remarks: _____

Volume determination method	BS 1881; 1983; Part 114; Amd. 6098: 89 (by calculation)	Date tested	
Comp. strength test method	BS 1881; 1983; Part 116; Amd. 6097 & 6720.	Tested by	
Curing/ storage condition-lab.	BS 1881; 1983; Part 111; Amd. 9387/97 / NA	Reported by	
Condition when received	Good; Poor Compaction; Honey Comb; Bad dimension	Checked by	
Mass -density measurement	As received; Saturated; Oven dry	Compression machine	CO/ __/1
Moisture condition	Moist, Saturated; Oven dry	Caliper	CO/ __/1
Test method variation		Balance	CO/ __/1

Note: Fracture type * S: satisfactory; U: unsatisfactory

*Required information.

Please fill all required information then print form for required signatures and stamps.