|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source information  (what are you reviewing including version and date?) |  | | | Test Request No. |
| Date: |  | | |
| Has this information been previously reviewed? | No |  | |
| Yes |  | (enter previous Review No.) |
| Previous Review No. |  | | |
| Previous CAR No. (if issued): |  | | |
| Contract No.: |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project No: |  | Lot / Works Order No. |  | |
| Date Required: |  | Time: |  | am / pm |
| Material Source / Supplier: |  | Date Sampled: |  | |
| For Use As: |  | | | |
| Sample Location: |  | No. of Batches (Concrete only): |  | |
| Tested by (Company / Location): |  | | | |
| Quantity: |  | No. of Batches Requiring Sampling (Random): |  | |
| Purpose of Test (select one): | A – Compliance  Q – Control  W – Reworked Lot  D – Audit  O – Other | | | |

* Tests requested by [insert name here] Date: [insert date here]
* Contact telephone [insert telephone number here] Email: [insert email address here]

| No. | Tests Required | Number of Samples | Test Age | Charge to Item | Specification Standard Required |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tester to Complete and Return to CQR (or Supervisor for Maintenance Works) | | | | | | | | |
| Concrete | | | General – Compactions / Moistures | | | | | |
| Batch No. | Senders No(s). | Slump | Test No. | Chainage | Offset | % Comp. | M.C | Deg. of Sat. |
|  |  |  | 1 |  |  |  |  |  |
|  |  |  | 2 |  |  |  |  |  |
|  |  |  | 3 |  |  |  |  |  |
|  |  |  | 4 |  |  |  |  |  |
|  |  |  | 5 |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Reviewed by** | | |
| **Name** | **Signature** | **Date** |
|  |  |  |

Instructions: Source Information includes Contractor, project number, lot number and location