|  |  |  |
| --- | --- | --- |
| 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