REPUBLIC OF VANUATU
CONSTRUCTION MATERIALS LABOATORY
LABORATORY TEST REQUEST: SOILS

CLIENT: _____ **Job No.** _____ **Date Sampled** _____

Project: _____ **Requested By** _____ **Sampled By** _____

Loctation: **Tests Required By** **ALL TESTING TO AUSTRALIAN STANDARDS**

LAB No.	Sample Source	Moisture Content	Atterberg Limits	Linear shrinkage	Particle Size Dist	Compaction:Std	Compaction: Mod	CBR	Field Density:Sand	Field Density:Nuc	Hilf compaction			**NOTES**

TEST INSTRUCTIONS

CBR Remoulding requirements: % OMC % MDD

Compaction type Standard or Modified

Request for Services

We agree to Authorise PWD CMT laboratory to perform the the test request.

Signed: **Company**

Request received by _____

Date _____

Form: FL-A08 soil Lab Test Request/V1/Aug 18