

**REPUBLIC OF VANUATU  
CONSTRUCTION MATERIALS LABOATORY  
LABORATORY TEST REQUEST: CONCRETE**

CLIENT: \_\_\_\_\_ Job No. \_\_\_\_\_ Date Sampled \_\_\_\_\_

Project: \_\_\_\_\_ Requested By \_\_\_\_\_ Sampled By \_\_\_\_\_

Loctation: Tests Required By ALL TESTING TO AUSTRALIAN STANDARDS

LAB No.	Cyl No.		Sampling: Field Cyls	Slump	Mass unit volume	Compressive Strenght	Curing (days)															NOTES

TEST INSTRUCTIONS

**Request for Services**  
We agree to Authorise PWD CMT laboratory to perform the the test request.  
  
**Signed:** \_\_\_\_\_ **Company** \_\_\_\_\_

**Request received by** \_\_\_\_\_  
Date \_\_\_\_\_  
  
Form: FL-A09 soil Lab Test Request/V1/Aug 18