Test request form

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| --- | --- | --- | --- |
| TO: | **PANEL CONTRACTOR**  | Contact: | **Panel contractor contact number** |
| CC | **DoI GENERIC CONFORMANCE E-MAIL** | Test Request Number: | **Ascending number reference** |
|  |  |  |
| PROJECT: | **NAME OF PROJECT – AS PER SPEC** | PAGE 1 OF 1 |

* When required, in accordance with the contract documents, order the conformance testing in WRITING DIRECTLY from the Panel Period Contractors.
* Should the next Panel Period Contractor on the list *not* be available to perform the required testing, notify the Superintendent immediately.
* Give the Panel Period Contractor written notice in advance of each stage of the works requiring conformance testing, including re-testing.
* Notice – Provide the Superintendent with a copy of the order for testing simultaneously with the order being sent to the Panel Period Contractor.
* Any communication with the Panel Period Contractors, other than the ordering of testing or inquiring on the timing of test results must be forwarded through the Superintendent.
* Provide the Superintendent with the results of process control testing as identified in the relevant ITP with all requests for conformance testing.
* Notice – Notify the Superintendent prior to any rework of failed lots.

DATE & Time test REQUIRED: REASONABLE notice required to be given to panel PERIOD CONTRACTORS – ENSURE TIMES FOR TESTING REFLECT THE ACTUAL PROPOSED COMPLETION TIME OF THE LOT TO BE TESTED.

Lot Number: clearly identify number of THE LOT – EASIER FOR EVERYONE

Start chainage: ENSURE THIS IS Clearly marked on site – related to lot numbers

Finish chainage: ENSURE THIS IS clearly marked on site – related to lot numbers

Width (m): width of ROAD OR AREA to be tested

Length (m): length of the lot – TAKEN FROM CHAINAGES

Test & Layer depth: depth of the layer to be tested

layer type: what is the layer tHAT IS TO be tested – IE BASE, SUBGRADE OR FILL

Tests REQUIRED (tick required tests): CONFORMANCE TESTING REQUIREMENTS, GET THIS FROM SPECIFICATION

 □ Field Density □ Concrete □ Slump

 □ Particle Size Distribution □ Cylinders

 □ Plasticity Index (incl Linear Shrinkage) □ Flakiness/ALD

 □ CBR □ Other …………………………………

CONTRACTOR: **CONTRACTORS NAME** CONTACT NO: **CONTRACTORS PHONE No**

DATE & TIME: **SENT** FAX NO: **AS ABOVE**