



**BUILDING MATERIALS LABORATORY
MUNICIPALITY & PLANNING DEPARTMENT - AJMAN**
Ajman, UAE , Tel. 06-7480573 Fax 06-7480673

TEST REQUEST FORM FOR MASONRY BLOCKS

*CLIENT		REQUEST NO.	
*CONTRACTOR		SAMPLE BRT. IN BY	
*CONSULTANT		RECEIVED BY	
*OWNER		DATE RECEIVED	
*BLDG. PERMIT NO.		*SAMPLING DATE	
*PROJECT NAME		*SAMPLING PLACE	
*PROJECT LOCATION		*CASTING DATE	
*SAMPLE DESCRIPTION		*SIZE OF SPECIMEN	
*SOURCE		INVOICE NO.	
SENDER NO.		EXP. REPORTING DATE	

*TEST REQUIRED	SAMPLE NO.	REPORT NO.

Note: Please provide and type all information and cross at any items not applicable or input NP (Not provided).

Remarks: _____

TEST METHOD : DIMENSION BS 6073:1:1981 App.A Amd.4462/84 / BS EN772-16 : 2011
: COMP. STRENGTH BS 6073:2:2008 App.B Amd.4508/84 / BS EN772-1 : 2011
: DENSITY BS 6073:2:2008 App.B Amd.4508/84
: CHEMICAL BS 1881: P 124: 1988 Cl. 10.2

*CUSTOMER'S REP: _____ *SIGNATURE: _____ *CONTACT NO. _____

*CONSULTANT'S REP: _____ *SIGNATURE: _____ *CONTACT NO. _____

*CONSULTANT'S STAMP :

*Required information.

Please fill all required information then print form for required signatures and stamps.