

IN-SITU DENSITY TEST (REQUEST FORM)

Contractor	:		Request No	:	
Client/Owner	:		Receiving Date & time	:	.....
Consultant	:		Received by	:	.....
Project Name	:		Lab Project No	:	LP-
Project No	:		Sample No (FDT)	:	
Plot No & Location	:		Sample No (MDD)	:	.....
Sample description	:	..... Source of sample.....	Report No (MDD)	:	.....
Sender's Ref.No	:	..... Weather Condition.....	Report No (FDT)	:	
Type of test	:	Regular / Re-test	No of test.....	:	Report Date
MDD/OMC	:	..... Tested by.....	Date & Time of testing	:	.....

Test No	Road No./Location	Total Chainage	Test Chainage/ Grid No/Test Spot	Offset	Road Cross No.	Layer	Test Level	Thickness

Remarks: Test Spot located by : CONSULTANT/CONTRACTOR/CUSTOMER

Test Witnessed by : CONSULTANT..... CONTRACTOR..... CUSTOMER.....

Requested by _____ Signature _____ Date _____