



Construction Materials Laboratory (CML)
 Department of Civil Engineering
 Faculty of Engineering, Universiti Putra Malaysia
 43400 UPM Serdang, Selangor, Malaysia
 Tel:603-89466467/7856 Fax:603-86567129
 Email:mfairuz@upm.edu.my/ernaleza@upm.edu.my /

F3-E

Job Number
 20__/FK/CML/J__

APPLICATION FOR TESTING SERVICES FORM

APPLICANT

Organization & Address : _____

 Customer's Name : _____
 Tel. No. : _____
 E-mail Address : _____
 Testing and Test Report Requirements : Testing Raw Data Test Report Others (please specify): _____
 Project Title(Optional) : _____

SAMPLE/PRODUCT INFORMATION

Description of samples:

No.	Sample Name/ID	Grade	Date of cast	Age (days)	Size (mm)	Nos. of Sample	Location	Remarks

Use additional sheet for more than 2 numbers

SAMPLE DISPOSAL BY:

- Laboratory (with cost of RM _____)
 Customer (within one month from issuance of test report)

Test Methods : BS EN 12390-3: 2009/ MS EN 12390-3: 2012
 Others (Please specify): _____

COVENANT OF APPLICANT

By signing this form I take full responsibility for the payment of the services rendered.

Signature of applicant and official stamp:

.....

Date :

TYPE OF PAYMENT

- Vot. No.:** _____ - _____ (PTJ) **Cheque/Bank Draft/Postal Order**
 (payable to BENDAHARI UPM)
 Local Order (LO)/Purchase Order (PO)
 Cash Receipt from Bendahari
 Bank Transfer (CIMB Bank)
 KIRA-KIRA UNIVERSITI PUTRA
 MALAYSIA
 1215-0005004-05-0
- Address to:
 BENDAHARI UPM,
 BANGUNAN PENTADBIRAN,
 UNIVERSITI PUTRA MALAYSIA,
 43400 UPM SERDANG,
 SELANGOR DARUL EHSAN, MALAYSIA.

FOR INTERNAL USE

	Yes	No	Remarks (guide)		Yes	No	Remarks
Sample (Adequate)	<input type="checkbox"/>	<input type="checkbox"/>	(date of cast, age, size, location, etc.)	Any equivalent method	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of sample (Acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	(as received/saturated)	Competence Personnel	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate method	<input type="checkbox"/>	<input type="checkbox"/>	(equipment):	Others/Subcontract	<input type="checkbox"/>	<input type="checkbox"/>	
Toxicity/Hazardous	<input type="checkbox"/>	<input type="checkbox"/>	(biohazard/carcinogen/radioactive etc.):	Commencement of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Inform Customer <input type="checkbox"/> Return Sample <input type="checkbox"/> Others
DATE OF SAMPLE RECEIVED:				SAMPLE DISPOSAL BY CUSTOMER ONLY:			
EXPECTED TIME OF COMPLETION (AGREED) :				Received by :			
Reviewed by : TM/DTM/Technical Staff						
.....				Customer's Signature			
.....				Name:			
Date :				Date:			

* Please refer Page 2 for list of testing



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TESTING FACILITIES	
<i>Please Mark (✓) Test(s) Required</i>	
Construction Materials Laboratory (CML)	
Block I, Department of Civil Engineering (N 03°00.409' E 101°43.291')	
UTS Concrete Compression Test Machine <input type="checkbox"/> 5000 kN* <input type="checkbox"/> 3000 kN	<input type="checkbox"/> Concrete Compression Test * BS EN 12390-3: 2009/ MS EN 12390-3: 2012 <input type="checkbox"/> Cylinder Concrete Compression Test <input type="checkbox"/> Brick/Block (Compression) <input type="checkbox"/> Concrete Flexural Test <input type="checkbox"/> Splitting Tensile Test on Cylinder
Calorimeter Apparatus	<input type="checkbox"/> Heat of hydration of cements/binder
Rapid Chloride Apparatus	<input type="checkbox"/> Rapid Chloride Permeability Test
Water penetration Apparatus	<input type="checkbox"/> Permeability Test for concrete
Carbonation Chamber	<input type="checkbox"/> Carbonation Test
Non-destructive Testing	<input type="checkbox"/> Ultrasonic Pulse Velocity (UPV)
VICAMATIC Automatic Setting Time Tester	<input type="checkbox"/> Setting Time Test

*MS ISO/IEC 17025