



REQUEST FORM FOR IN-SITU DENSITY TEST

To: National Laboratory, P.O. Box: 95399 – Dubai-U.A.E., Tel: 04-2580033, Fax: 04-2580044, E-mail: natlabdx@eim.ae; Website: www.nldubai.ae

Contractor	P.O. Box No.		Material Used		
	Telephone no.			Source	
	Fax no.			Total Test Required	
Client			Date of Test		
Consultant					
Project Name					
Project No.					
Plot number					
Project Location					

Test Location Marked by	Client / Consultant / Contractor	Test Method	BS 1377: Part 9: 1990: (Amd. 8264: 1995) / ASTM D1556
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Client's Request No.	Client's Reference no.	Time of Test (hr:min)	Chainage / Spot of Test	Test Location / Road No.	Total Chainage	Layer Reference	Layer Thickness (mm)	Level (m)	Offset	Degree of Compaction	MDD/OMC (Mg/m ³)/(%)	MDD/OMC Report No.
		:										
		:										
		:										
		:										
		:										
		:										
		:										

Remarks: _____

Method Variation: _____

Signed:

Contractor	
Consultant	
NL Staff on Site	
Resource Reviewed by	Date:
Request Reviewed by	Date:

NL Project no.	
NL Sample no.	
NL TR no.	
Date Received	
Time Received	
Date Scheduled	
Date Required	

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