

# إقليم كوردستان - العراق

مجلس الوزراء

وزارة .....

مديرية عامة .....

مديرية .....



Kurdistan Regional Government  
Council of Ministers  
Ministry of .....

# هه‌ریمی کوردستان - عێراق

هه‌نجومه‌نی وه‌زیران

وه‌زاره‌تی .....

به‌ریوه‌به‌رایه‌تی گه‌شتی .....

به‌ریوه‌به‌رایه‌تی .....

To /

Subject / Material Testing

No.

Date:

Kindly test the materials listed in the table below ..... Regards

Project Name			
Cotractor Name		Project Location	

## Form No. (1) Hardened Concrete

### 1. Concrete Cubes:

Required Tests		<input type="checkbox"/> Compressive Strength		<input type="checkbox"/> Density		<input type="checkbox"/> Dimensions (for Non-Standard Molds)		
S	Symbol/Joint/Location*	Concrete Type (Reinforced/ Non-Reinforced)	Casting date	Concrete amount in the site (m <sup>3</sup> )	No. of cubes	Standard Mold 150*150*150 mm (Yes / No)	Required (28days) compressive strength (MPa)	Remarks
1								
2								
3								
4								
5								
6								

\* may be: slab of Jt. F , columns 1<sup>st</sup> Floor Jt.1, foundation of retaining wall st. (0-100), base of curb st. (150-250), ... etc.

### 2. Concrete Cores

Ultrasonic/ Schmidt hammer

Gravity Load Test:

Required Tests		Concrete Cores: <input type="checkbox"/> Compressive Strength <input type="checkbox"/> Density		Ultrasonic/ Schmidt hammer: <input type="checkbox"/> Rebound Number <input type="checkbox"/> Pulse Velocity <input type="checkbox"/> Estimated Compressive Strength				
S	Symbol/Joint/Location	Concrete Type (Reinforced/ Non-Reinforced)	Casting date	Tested avg. Compressive strength (MPa)			Required (28days) compressive strength (MPa)	Remarks
				7 days	28 days	Core result		
1								
2								
3								
4								
5								
6								

Supervisor engineer:

Name:

Mob. No.

Name & Signature of the test requester and/or official stamp of the request party

Address bar .....