

ORDER



TESTING OF HARDENED CONCRETE

Signed by Vattenfall Research & Development AB

Löpnr.	Ankomstdatum	Provningsdatum
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SAMPLE

Number	Cube	
	<input type="checkbox"/> 150 mm	<input type="checkbox"/> mm
Cored specimen	Plate, sprayed concrete	
<input type="checkbox"/> mm	<input type="checkbox"/>	
Others		
<input type="checkbox"/>		

TESTING OF

Compressive strength	Tensile splitting strength	Depth of penetration
<input type="checkbox"/> SS-EN 12390-3	<input type="checkbox"/> SS-EN 12390-6	<input type="checkbox"/> SS-EN12390-8 <input type="checkbox"/> SS 13 72 14
Freeze-thaw resistance	<input type="checkbox"/> Sawn surface	<input type="checkbox"/> Top surface <input type="checkbox"/> Silica
<input type="checkbox"/> SS 13 72 44	<input type="checkbox"/> Saltwater	<input type="checkbox"/> Fresh water <input type="checkbox"/> 112 cycles
Flexural strength of sprayed concrete	Fibre content	Tensile strength
<input type="checkbox"/> SS-EN 14488-3 <input type="checkbox"/> ASTM 1018	<input type="checkbox"/> SS-EN 14488-7	<input type="checkbox"/> SS 13 72 31

<input type="checkbox"/> Pretest	<input type="checkbox"/> Continuous testing	<input type="checkbox"/> Comperativ testing
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Others tests

INFORMATION ABOUT THE CONCRETE

Specimen labeling					
Construction site			Concrete supplier		Factory number
Structural part			Place for sampling		Executed by
			<input type="checkbox"/> Building site	<input type="checkbox"/> Factory	
Compr. Strength class	Exposure class	Chloride content class	Cement manufacturer	Type of cement	Cement content, kg/m ³
Max aggregate size	Concrete temp °C	Intended air content %	Measured air content after, %		
			Mixing	Transport	Pump
Intended/measured vct/vbt		Intended concistency m m	Measured consistency after, m m		
			Mixing	Transport	Pump
Additions: Type	Product name		Quantity, % of cement weight		
Additions: Type	Product name		Quantity, % of cement weight		
Additions: Type	Product name		Quantity kg/m ³		
Casting date	Intended age of testing, days	Other			

DESIRED PRESENTATION OF RESULT

Desired presentation of result from freeze-thaw resistance				<input type="checkbox"/> By telefon, nr	
At days	7 14 28 42	At testing to	56 70 84 98	<input type="checkbox"/> By fax, nr	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	112 days	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> By e-mail	
<input type="checkbox"/> Original to client	<input type="checkbox"/> Original to				
Copy to					
Copy to					

CLIENT

Client	Account no	Invoice address, other than the adjoining
	Corporate identity no.	
Contact	Telephone nr.	

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