

ORDER



TESTING OF HARDENED CONCRETE

Signed by Vattenfall AB

Löpnr.	Ankomstdatum	Provningsdatum
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SAMPLE (filled by the client)

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"/>	
Storage before testing	<input type="checkbox"/> Air <input type="checkbox"/> Water
<input type="checkbox"/> Pretest	<input type="checkbox"/> Continuous testing <input type="checkbox"/> Comperativ testing

TESTING OF (filled by the client)

Compressive strength	Tensile splitting	Depth of penetration	
<input type="checkbox"/> SS-EN 12390-3	<input type="checkbox"/> SS-EN 12390-6	<input type="checkbox"/> SS-EN12390-8	
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 C1550		<input type="checkbox"/> SS-EN 14488-7	<input type="checkbox"/> SS 13 72 31
Others tests			

INFORMATION ABOUT THE CONCRETE (filled by the client)

Specimen labeling	Construction site	Structural part			
Concrete supplier	Factory number	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 consistency 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 (filled by the client)

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	Test report			
	<input type="checkbox"/> Swedish <input type="checkbox"/> English			

CLIENT

Client	Account no	Invoice address
	Corporate identity no.	
Contact	Telephone nr.	

VATTENFALL AB

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