## Request for Lab. Test PLC/ODC/001 Revision 6 Dated: 01/08/2016

A PARTIES							
Pioneer Laboratory							

Projec	t Data							P	ioneer Laboratory		
Contractor					Project						
Consultant					Project No.						
Mate	rial				Project location						
Request Date & Time					Client						
Total	Sample				Supplier/ source						
(Soil + Aggregate + Asphalt) Material											
Qty			Test Required		Location / Ref No.		Production date /Note	Standard			
	ete Material						Comon	<u> </u>			
Qty	Qty Cast Date Test Date		Age	Place of Pouring / Site	Ref.	Grade	Cemen t Type	Agg Type	Standard		
	_										
	Test Witness	□ves r	] NO	If (YES):	Date:	Time:		Witness By:			
	Test Witness Rquired			(123).	Dute.	Time.		with coo by.			
Cont	act Information:	Name:			Mobile	Fax:	Email:				
s	ample Location										
	indicated by:	Pioneer te	ech.	Ashghal Rep.	Consultant	Contra	actor				
	Sampler Name:				Signature:			Date:			
1	Contractor Name:				Signature:			Date:			
	consultant Name:				Signature:			Date:			
		_			,	_					
	Sampled by:	Pioneer t	ech.	Ashghal Rep.	Consultant	Contra	actor				
	Sampler Name:				Signature:			Date:			
	Contractor Name:				Signature:			Date:			
	consultant Name:				Signature:			Date:			
	Transported By:	☐Pioneer t	ech.	Ashghal Rep.	Consultant	Contra	actor				
	Sampler Name:				Signature:			Date:			
	Contractor Name:				Signature:			Date:			
	consultant Name:				Signature:			Date:			
Office Use Only											
Red	ceived By Name:			Signature:		Date:		Sample#			
Creditor Name:				Creditor No.		Tel:		Fax			