



CUBE RECORD FORM

Quotation No. : _____ Job Requisition No. : _____ Primary Test Centre : _____
 Customer : _____ Representative Name : _____
 Project : _____ Tel. No. : _____
 Location : _____
 Received Date : _____ Time : _____

| | |
|--|---|
| Information Supplied by Customer | Total Qty : _____ |
| Supplier : _____ | Production Plant : _____ |
| Location of storage prior to demoulding : _____ <u>On site / Others*</u> | Cube Size : _____ <u>100 mm / 150 mm / Others*</u> |
| Method of curing after demoulding : _____ <u>No / Curing tank*</u> | Cube cast by : _____ |
| Test Method : _____ <u>CS 1 : 1990 : Section 12 / CS 1 : 2010 : Section 12 / BS : 1881*</u> | Recorded by : _____ |

| Lab Sample I.D. | Client Sample I.D. | Date Cast | Age of Cube | Grade of Concrete | Mix Code of Concrete | Pour Location | Test Date |
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For Laboratory Only Checked by: _____
 Remark : _____ Date : _____
* Circle as appropriate