

Rock Triaxial Testing (Analysis Request Form)

Applicant Details:

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|--------------|-------------|
| User Name: | Department: |
| Institute: | Country: |
| Contact No.: | Mail ID: |

Sample Details:

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|--------------------|--|
| Sample Type: | |
| Number of Samples: | |
| Sample Dimensions: | |

Test Requirements:

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| Confining Pressure (in MPa): | |
| Analysis Temperature (in °C): | |
| Strain Rate (mm/min): | |
| Pore Pressure (in MPa): | |
| Type of Pore Fluid: | |
| Number of Cyclic loading and conditions: | |
| Additional Conditions (if any): | |

Material Safety Data:

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| Sample Properties: (Carcinogenic/Toxic/Radioactive/Corrosive/Explosive/Flammable/others) | |
| Health hazards: (Irritant to skin/irritant to eyes/harmful to skin/toxic if inhaled/toxic if ingested) | |

Applicant's Signature