



For laboratory use only	
Submission Request No. (SRN)	
Test Request No. (TRN)	

**TESTING REQUEST FOR STEEL REINFORCING BARS:
DETERMINATION OF MASS PER METRE, TENSILE TEST, BEND TEST, REBEND TEST
AND SURFACE GEOMETRY (RELATIVE RIB AREA ONLY)**

Account No. (if available) _____ <small>(Please provide the following project information if account no. is not available)</small>	Customer Test Request Ref. No. _____ <small>(Please limited to 14 characters including insert "R" after the Customer Test Request Ref. No. if the sample submitted as re-test.)</small>
Customer (Works Dept/Office) _____	Contract No. _____
Job Title _____	Job No. _____
Work/Site Location _____	

Method (Select appropriate box)	Test Description	PWLTM no.	No. of sample(s)
<input type="checkbox"/> CS2:2012 (Rev. 6) Cl. 6.1 & 6.2	Determination of mass per unit length of steel reinforcing bars	STE 1.23	
<input type="checkbox"/> BS EN ISO 6892-1:2009 in conjunction with CS2:2012 (Rev. 6) Cl. 6.1 & 6.4	Determination of tensile properties of steel reinforcing bars	STE 1.24	
<input type="checkbox"/> CS2:2012 (Rev. 6) Cl. 6.1 & 6.2 <input type="checkbox"/> BS EN ISO 6892-1:2009 in conjunction with CS2:2012 (Rev. 6) Cl. 6.1 & 6.4	Determination of mass per unit length of steel reinforcing bars Determination of tensile properties of steel reinforcing bars	STE 1.23 & 1.24	
<input type="checkbox"/> CS2:2012 (Rev. 6) Cl. 6.1 & 6.5	Rebend test of steel reinforcing bars	STE 1.25	
<input type="checkbox"/> CS2:2012 (Rev. 6) Cl. 6.1 & 6.7 excluding 6.7.3 with Modification (for 40-50mm dia.)	Determination of the surface geometry (relative rib area only) of ribbed steel reinforcing bars	STE 1.26	
<input type="checkbox"/> BS 4449:2005+A2:2009	Determination of mass per unit length of steel reinforcing bars	STE 1.17	
<input type="checkbox"/> BS 4449:2005+A2:2009	Determination of tensile properties of steel reinforcing bars	STE 1.18	
<input type="checkbox"/> BS 4449:2005+A2:2009	Determination of mass per unit length of steel reinforcing bars Determination of tensile properties of steel reinforcing bars	STE 1.17 & 1.18	
<input type="checkbox"/> BS 4449:2005+A2:2009	Rebend test of steel reinforcing bars	STE 1.19	
<input type="checkbox"/> CS2:1995	Determination of mass per unit length of steel bars	STE 1.9	
<input type="checkbox"/> CS2:1995	Determination of tensile properties of steel bars	STE 1.10	
<input type="checkbox"/> CS2:1995	Determination of mass per unit length of steel bars Determination of tensile properties of steel bars	STE 1.9 & 1.10	
<input type="checkbox"/> CS2:1995	Cold bend tests of steel bars	STE 1.11	
<input type="checkbox"/> CS2:1995	Rebend tests of steel bars	STE 1.12	

Name of stockist: _____

Stockist Certificate Number: _____

No.(s) of corresponding mill certificate(s) attached: _____

Additional sample/testing information: _____

- Notes :-
 (1) To be completed by a project works supervisor grade officer or above.
 (2) To be completed by a project inspectorate grade officer or above (or his delegate).
 # Delete as appropriate.

Sample(s) delivery supervised/handed over[#] by ⁽¹⁾ _____

Test(s) requested by ⁽²⁾ _____

Signature : _____
 Name : _____
 Post : _____
 Tel./Fax No. : _____ / _____
 Date : _____

Signature : _____
 Name : _____
 Post : _____
 Tel./Fax No. : _____ / _____
 Date : _____

Fill in the box below the name, mailing and e-mail address to which the test report(s) should be sent or else mark "To be collected" if the customer requests to collect the report(s) from the laboratory in person.

<input type="checkbox"/> Preliminary results		
Fax No.:		

