



For laboratory use only	
Collection Request No. (CRN)	
Test Request No. (TRN)	

TEST REQUEST FOR INSITU TESTING FOR ROAD SURFACE

Account No. (if available)	Customer Test Request No. (Limited to 20 Characters)
(Please provide the following project information if account no. is not available)	
Customer (Works Dept/Office) _____	Contract No. _____
Job Title _____	Job No. _____
Work/Site Location _____	

Test requested (Select appropriate box)	Description of test	PWLTM No.
<input type="checkbox"/> TRRL Supplementary Report 290 with modification*.	Determination of surface regularity by rolling straightedge.	BIT 4.3
<input type="checkbox"/> Appendix 10.1 of GS for Civil Engineering Works <input type="checkbox"/> 1992/ <input type="checkbox"/> 2006.	Determination of texture depth of carriageways by sand patch test.	BIT 4.5
<input type="checkbox"/> Appendix 9.1 of GS for Civil Engineering Works <input type="checkbox"/> 1992/ <input type="checkbox"/> 2006.	Determination of permeability of friction course.	BIT 4.8
<input type="checkbox"/> Clause 10.55 of GS for Civil Engineering Works <input type="checkbox"/> 1992/ <input type="checkbox"/> 2006.	Determination of longitudinal/transverse surface regularity of carriageways by 3-meter straightedge.	BIT 4.9
<input type="checkbox"/> Guidance Notes on Road Testing (RD/GN/009) issued by Highways Department.	Determination of skid resistance value of road surface	MIS 2.1
<input type="checkbox"/> Others (Please specify) _____		

* The modification is to use plastic strips instead of timber strips in checking of rolling straightedge before testing.

Sample details:-

Type of road surface : _____

Location of test sections : _____

Location plan of test position (Plan reference No.: _____) was/ was not provided by customer.

Test position No.	Test Lane	Chainage / Grid reference	Offset (m)	Additional 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).

Testing location will be shown on site by ⁽¹⁾ :-

Test(s) requested by ⁽²⁾ :-

Signature : _____
Name : _____
Post/Affiliation : _____
Tel./Fax no. : _____
Date : _____

Signature : _____
Name : _____
Post/Affiliation : _____
Tel./Fax no. : _____
Date : _____

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

<input type="checkbox"/> Preliminary results	
Fax No. <input style="width: 100px;" type="text"/>	