



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

TEST REQUEST FOR IN-SITU TESTING FOR ROAD SURFACE

Account No. (if available) _____	Customer Test Request Ref. No. _____
(Please provide the following project information if account no. is not available)	(Please limited to 14 characters including insert "R" after the Customer Test Request Ref. No. if the sample submitted as re-test.)
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"/> TRRL Supplementary Report 290	Determination of surface regularity by rolling straightedge	BIT 4.3	
<input type="checkbox"/> GS(1992) App. 10.1 GS(2006) App. 10.1 GS(2020) App. 10.1	Determination of texture depth of carriageways	BIT 4.5	
<input type="checkbox"/> GS(1992) App. 9.1 GS(2006) App. 9.1 GS(2020) App. 9.1	Determination of permeability of friction course / polymer modified friction course	BIT 4.8	
<input type="checkbox"/> GS(1992) Cl. 10.55(3) GS(2006) Cl. 10.55(3) GS(2020) Cl. 10.55(3)	Determination of longitudinal and transverse surface regularity of carriageways by 3 meter straightedge	BIT 4.9	
<input type="checkbox"/> Guidance Notes on Road Testing (RD/GN/009)	Determination of skid resistance value of road surface in accordance with guidance notes on road testing (RD/GN/009) issued by highways department	MIS 2.1	

BIT 4.5 : ☐ GS1992 App. 10.1 ☐ GS2006 App. 10.1 ☐ GS2020 App. 10.1

BIT 4.8 : ☐ GS1992 App. 9.1 ☐ GS2006 App. 9.1 ☐ GS2020 App. 9.1

BIT 4.9 : ☐ GS1992 Cl. 10.55(3) ☐ GS2006 Cl. 10.55(3) ☐ GS2020 Cl. 10.55(3)

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 : _____
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.:		



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SAMPLE(S) INFORMATION

Contract No.: _____ Customer Test Request Ref. No.: _____

Type of road surface: _____

Test location: _____

Location plan of test position (provided by customer): ☐ Yes ☐ No

Location plan of test position (Plan reference no.): _____

BIT 4.9: ☐ transverse axis of the carriageway ☐ longitudinal axis of the carriageway

Additional sample/testing information:

PWLTM no.	Test position no.	No. of sample(s)	Test lane and direction of travel	Chainage / Grid reference	Offset reference and offset (m)