Public Works Laboratories
Geotechnical Engineering Office, Hong Kong

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 limited to 14 characters including insert "R" after the Customer Test Request Ref. No. if the sample submitted as re-test.)

(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 _____

Method (Select appropriate box)	Test Description	PWLTM no.	No. of sample(s)
☐ TRRL Supplementary Report 290	Determination of surface regularity by rolling straightedge	BIT 4.3	
☐ GS(1992) App. 10.1 GS(2006) App. 10.1 GS(2020) App. 10.1	Determination of texture depth of carriageways	BIT 4.5	
☐ 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	
☐ 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	

BIT 4.5 : ☐ GS(1992) App. 10.1 ☐ GS(2006) App. 10.1 ☐ GS(2020) App. 10.1

BIT 4.8 : ☐ GS(1992) App. 9.1 ☐ GS(2006) App. 9.1 ☐ GS(2020) App. 9.1

BIT 4.9 : ☐ GS(1992) Cl. 10.55(3) ☐ GS(2006) Cl. 10.55(3) ☐ GS(2020) 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) :-

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

Test(s) requested by (2) :-

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.

☐ 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)