Public Works Laboratories
Geotechnical Engineering Office, Hong Kong

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

TEST REQUEST FOR DETERMINATION OF SKID RESISTANCE VALUE OF 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 _____

Determination of skid resistance value of road surface in accordance with guidance notes on road testing (RD/GN/009) issued by Highways Department (PWLTM No. MIS 2.1)

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

Test location: _____

_____

Type of road surface: _____

_____

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

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

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).

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.:		