



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

TESTING REQUEST FOR SOIL (CHEMICAL)

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.
<input type="checkbox"/> Geospec 3:2017, Cl. 9.3	Determination of total sulphate content of soil and sulphate content of groundwater and aqueous soil extracts by gravimetric method	CHM 7.1
<input type="checkbox"/> Geospec 3:2017, Cl. 9.4	Determination of water soluble chloride content of soil	CHM 7.2
<input type="checkbox"/> Geospec 3:2017, Cl. 9.5	Determination of pH value of soil and groundwater	CHM 7.3
<input type="checkbox"/> Geospec 3:2017, Cl. 9.1	Determination of organic matter content of soil	CHM 7.4
<input type="checkbox"/> Geospec 3:2017, Cl. 9.2	Determination of the mass loss of soil on ignition	CHM 7.6

Sample details

PWLTM no.	Customer sample no.(s)	No. of sample(s)	Sample description	Sample size

Additional sample/testing information:

Note: ⁽¹⁾ To be completed by a project inspectorate grade officer or above (or his delegate)

Sample(s) delivery by

Test(s) requested by ⁽¹⁾

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.

Fax No.:		