



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

TESTING REQUEST FOR STEEL BARS (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"/> In-house test method	Determination of carbon, sulphur, phosphorus, nitrogen, copper, manganese, chromium, molybdenum, vanadium and nickel content of steel by spark spectrometry	CHM 8.4
<input type="checkbox"/> BS EN ISO 15351: 2010	Determination of nitrogen content of steel	CHM 8.5
<input type="checkbox"/> In-house test method	Determination of total carbon and sulphur content of steel by infrared absorption method after combustion in an induction furnace	CHM 8.6

Sample details

PWLTM no.	Set no.	Customer sample no.	Electronic sample I.D. (Label)	Nominal size (mm)	Heat/Cast no.

No.(s) of corresponding mill certificate(s) attached: _____

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.:		