



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

TESTING REQUEST FOR STEEL WIRES (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"/> BS EN ISO 1460: 1995	Gravimetric determination of the mass per unit area of hot dip galvanized coatings on steel wires	CHM 8.3(b)
<input type="checkbox"/> BS EN 10244-2: 2009	Determination of zinc and zinc alloy coatings of steel wire	CHM 8.7

Sample details

PWLTM no.	Customer sample no.(s)	No. of sample(s)	Sample description	Class	Source of material(s) / Manufacturer(s)

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