



For laboratory use only	
Collection Request No. (CRN)	
Test Request No. (TRN)	

TESTING REQUEST FOR STEEL BARS

Account No. (if available) _____	Customer Test Request Ref. No. _____
(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 _____	

Please test the accompanying reinforcement bar sample(s) in accordance with : (Please select the appropriate box) <input type="checkbox"/> CS2:1995 (<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3) <input type="checkbox"/> CS2:2012 & Amendment No. 2/2018 (<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2)	Type of steel reinforcing bar: (Please select the appropriate box) <input type="checkbox"/> Straight <input type="checkbox"/> Decoiled ⁽³⁾ If decoiled, straightening method: <input type="checkbox"/> Manual <input type="checkbox"/> Machine
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Sample Details :

Set No.	Nominal size (mm)	Grade	No. of specimen			Bar pattern code	Customer Sample Ref. No.	Heat/ Cast No.	Size of batch in tonnes	Name of stockist company	Range of Electronic sample ID (label) ^(*)
			T	B	RB						

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

- Notes :- T = Tensile test ; B = Bend test ; RB = Rebend test.
 (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).
 (3) Aging method: heat the test piece to 100°C, maintain at this temperature (+/-10°C) for a period of 60 (+15,-0) min, and then cool in still air to room temperature.
 (*) Insert the range of label to be used for the set of samples, or fill in the attached sheet for each sample.
 # Delete as inappropriate.

Sample(s) delivery supervised/handed over[#] 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.

<input type="checkbox"/> Preliminary results Fax No. <input type="text"/>	
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Collection Request No. (CRN)	
Test Request No. (TRN)	

TESTING REQUEST FOR SURFACE GEOMETRY (RELATIVE RIB AREA ONLY) OF STEEL BARS

Account No. (if available) _____	Customer Test Request Ref. No. _____
(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 _____	

<p>Please test the accompanying reinforcement bar sample(s) in accordance with : (Please select the appropriate box)</p> <p><input type="checkbox"/> CS2:2012 & Amendment No. 2/2018 (<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2)</p>	<p>Type of steel reinforcing bar: (Please select the appropriate box)</p> <p><input type="checkbox"/> Straight <input type="checkbox"/> Decoiled If decoiled, straightening method: <input type="checkbox"/> Manual <input type="checkbox"/> Machine</p>
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Sample Details :

Set No.	Nominal size (mm)	Grade	No. of specimen	Bar pattern code	Customer Sample Ref. No.	Heat/ Cast No.	Size of batch in tonnes	Name of stockist company	Range of Electronic sample ID (label) ^(*)
			Surface Geometry						

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

- 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).
^(*) Insert the range of label to be used for the set of samples, or fill in the attached sheet for each sample.
[#] Delete as inappropriate.

Sample(s) delivery supervised/handed over[#] 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.

<input type="checkbox"/> Preliminary results Fax No. <input style="width: 100px;" type="text"/>	
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Collection Request No. (CRN)	
Test Request No. (TRN)	

TESTING REQUEST FOR STEEL BARS

Account No. (if available) _____	Customer Test Request Ref. No. _____
(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 _____	

Please test the accompanying reinforcement bar sample(s) in accordance with : (Please select the appropriate box)

CS2:2012 & Amendment No. 2/2018 (Class 1 Class 2)

Sample Details :

Set No.	Nominal size (mm)	Grade	No. of specimen	Bar pattern code	Customer Sample Ref. No.	Heat/ Cast No.	Size of batch in tonnes	Name of stockist company	Range of Electronic sample ID (label) ^(*)
			Chemical Composition						

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

- 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).
^(*) Insert the range of label to be used for the set of samples, or fill in the attached sheet for each sample.
Delete as inappropriate.

Sample(s) delivery supervised/handed over [#] by ⁽¹⁾	Test(s) requested by ⁽²⁾
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.

<input type="checkbox"/> Preliminary results Fax No. <input type="text"/>	
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SAMPLE LABEL I. D. FORM

Contract No. _____

Ref. No. _____

Set No.	Nominal size (mm)	Sample label I. D.				
		T	B	RB	SG	CC

Legend : T = Tensile test
 B = Bend test
 RB = Rebend test
 SG = Surface geometry test (relative rib area only)
 CC = Chemical composition