



**For laboratory use only**

Submission Request No. (SRN)

Test Request No. (TRN)

**TESTING REQUEST FOR GEOTEXTILES**

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 character 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.	No. of sample(s)
<input type="checkbox"/> ASTM D4595-86	Determination of tensile properties of geotextile by the wide-width strip method	GTL 2.1	

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

Additional sample/testing information:

Note :- <sup>(1)</sup> To be completed by a project works supervisor grade officer or above (or his delegate).

<sup>(2)</sup> To be completed by a project inspectorate grade officer or above (or his delegate).

\* Delete as inappropriate.

Sample(s) delivery supervised/handed over\* by <sup>(1)</sup> :-

Test(s) requested by <sup>(2)</sup> :-

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.

<input type="checkbox"/> Preliminary results		
Fax No.:		