



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

TESTING REQUEST FOR CAST IRON DRAINAGE GOODS

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 5834-2:1983 App. A with modifications	Loading test for surface boxes, for gas and waterworks purpose	STE 6.22
<input type="checkbox"/> Cl.8 of BS EN 124: 1994	Loading test of gully tops and manhole tops for vehicular and pedestrian areas. Determination of mass for gully tops and manhole tops	STE 6.23
<input type="checkbox"/> Cl. 5.95(2) & App.5.3 of GS(2006)	Determination of resistance to fracture of manhole covers and gully gratings	STE 6.2
<input type="checkbox"/> In-house test method	Determination of mass of manhole covers and gully gratings	STE 6.1

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

Additional sample/testing information:

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

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

* Delete as appropriate.

Sample(s) delivery supervised/handed over* by ⁽¹⁾

Test(s) requested by ⁽²⁾

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.:		



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SAMPLE(S) INFORMATION

Contract No.: _____

Customer Test Request Ref. No.: _____

PWLTM no.	Customer sample no.(s)	No. of sample(s)	Sample description	Original product size (mm)	Span distance of U-channel cover (mm) ⁽³⁾	Drawing no.(s)	Grade	Test requirements						Source of material(s) / Manufacturer(s)
								For loading test			Minimum mass (kg)			
								Quality control load (kN) ⁽³⁾ ⁽⁴⁾	Test load / Design load (kN/Tonnes) ⁽³⁾ ⁽⁴⁾ ⁽⁵⁾	Bearing block diameter (mm)	Frame	Cover	Total	

Note :- ⁽³⁾ Provide information if applicable.

⁽⁴⁾ The maximum capacity of equipment in the laboratory for testing of manhole cover is 60 tonnes or 600 kN

⁽⁵⁾ Unit in “kN” for PWLTM no. STE 6.22 and STE 6.23; and “Tonnes” for PWLTM no. STE 6.2.