



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

TESTING REQUEST FOR CAST IRON DRAINAGE GOODS

Account No. (if available) _____	Client Test Request Ref. No. _____
(Please provide the following project information if account no. is not available)	
Client (Works Dept/Office) _____	Contract No. _____
Job Title _____	Job No. _____
Work/Site Location _____	

Please test the accompanying sample(s) of cast iron drainage goods in accordance with : (Please select the appropriate box)

- GS 1992
 PS attached
 Others (Please specify) _____

Client Sample Ref. No.	Sample description	Drg. No.	Grade	Test required (L, W) ⁽¹⁾	Test requirements ⁽²⁾		
					Test load ⁽⁵⁾ (<input type="checkbox"/> kN/ <input type="checkbox"/> Tonnes)	Bearing block diameter (mm)	Minimum mass (kg)
							Frame : Cover : Total :
							Frame : Cover : Total :
							Frame : Cover : Total :
							Frame : Cover : Total :
							Frame : Cover : Total :

_____ no(s) of corresponding drawing sheet(s) attached.

Source of material : _____

Note :- ⁽¹⁾Test required : L=Loading test. W=Mass determination.

⁽²⁾ Leave blank if inapplicable.

⁽³⁾ To be completed by a project works supervisor grade officer or above (or his delegate).

⁽⁴⁾ To be completed by a project inspectorate grade officer or above (or his delegate).

⁽⁵⁾ The maximum capacity of equipment in the laboratory for testing of manhole cover is 60 tonnes.

Remarks : _____

Sample(s) delivery supervised by⁽³⁾

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

Test(s) requested by⁽⁴⁾

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

Fill in the box below the name, mailing and e-mail address to which the test certificate(s) should be sent or else mark "To be collected" if the client requests to collect the certificate(s) from the laboratory in person.

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