

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

TEST REQUEST FOR MEASUREMENT OF COATING THICKNESS

Account No. (if available)				Customer Test Request Ref. No. (Please limited to 14 characters including insert "R" after the Customer		
(Please provide the follow	wing project informati	on if account no. is not availabl	e) T	est Request Re	f. No. if the sample submitt	ted as re-test.)
Customer (Works D	Dept/Office)			Contract	No	
Job Title Work/Site Location		Job No.				
Measurement of co (PWLTM No. MIS		y magnetic method in a	ccordan	ce with BS	EN ISO 2178: 1995 (1)
Customer sample no. No. of test specimen(s) ⁽²⁾ Sample descr		scription		No. of article in an inspection lot ⁽³⁾	Significant surface area for each article ⁽⁴⁾ (mm ²)	
Reference uncoated ba	sis metal with flat s	urface provided	☐ Yes	☐ No.		
Reference uncoated ba	sis metal with curve	ed surface provided	☐ Yes	☐ No.		
		-	— ☐ Yes	□ No.		
Certificate from hot di			— ☐ Yes	□ No.		
Sample after test will be collected by the customer			☐ Yes	□ No.		
Test on site			Yes	□ No.		
Additional sample/te	esting information	:				
(2) Refer to T 100 mm fr (3) The no. of (4) Clause 6.2 the signific For article least 10 cr (5) To be com	able 1 of BS EN ISC om each end and at article in single orc 2.3 of BS EN ISO 1- cant surface area of s with less than 10 cm ² surface area. ppleted by a project	tructive method of determin D 1461:2009. (For a long art the approximate centre and ler or single delivery load. 461:2009 specifies the numbindividual articles. cm² significant surface area, works supervisor grade officinspectorate grade officer or	icle in the shall com- per of refe the referencer or abo	control samp prise the who rence areas re- nce area = su ve.	le, the reference areas shole cross-section of the a equired for testing, which afficient number of articles.	nall be cut approximately rticle). The depends on the size of
Sample(s) delivery su	pervised by (5):-		Test(s	requested b	y ⁽⁶⁾ :-	
Post :	:		Signat Name Post Tel./Fa		: :	/
Date :		,	Date	2.0.	: :	•
	he name, mailing ar	nd e-mail address to which t from the laboratory in persor		ort(s) should	be sent or else mark	"To be collected" if the
Preliminary res	ults					
Fax No.:						