



For laboratory use only

Submission Request No. (SRN)

Test Request No. (TRN)

TESTING REQUEST FOR JOINT FILLER

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.	No. of sample(s)
<input type="checkbox"/> GS(2006) with amendment 2/2013	Determination of extrusion of joint filler	MIS 4.1	
<input type="checkbox"/> GS(2006) with amendment 2/2013	Determination of the recovery value and reduction of joint filler	MIS 4.3	
<input type="checkbox"/> In-house method	Weathering test of joint filler	MIS 4.2	

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

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 inappropriate.

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.:		