



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

TESTING REQUEST FOR STEEL FABRIC

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"/> BS4483:1998	Determination of mass, pitch and wire dimension of steel fabric	STE 2.5
<input type="checkbox"/> BS4483:1998	Determination of tensile properties of steel fabric	STE 2.6
<input type="checkbox"/> BS4483:1998	Rebend test of steel fabric	STE 2.7
<input type="checkbox"/> BS4483:1998	Weld shear test of steel fabric	STE 2.8
<input type="checkbox"/> In-house method STE 2.9 in conjunction with BS4483:2005 Cl. 7.3	Determination of mass and pitch of steel fabric	STE 2.9
<input type="checkbox"/> ISO 6892:1998 & BS EN ISO 15630-2:2002 Cl. 5 in conjunction with BS4483:2005 Cl. 7.2.2, 7.2.3 & 9	Determination of tensile properties of steel fabric	STE 2.10
<input type="checkbox"/> BS EN ISO 15630-1:2002 Cl. 7 in conjunction with BS4483:2005 Cl. 7.2.2, 7.2.5 & 9	Rebend test of steel fabric	STE 2.11
<input type="checkbox"/> BS EN ISO 15630-2:2002 Cl. 7 in conjunction with BS4483:2005 Cl. 7.2.2, 7.2.4 & 9	Weld shear test of steel fabric	STE 2.12

Notes :- (1) To be completed by a project works supervisor grade officer or above.
(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. _____

Customer sample no. : _____

No. of sample(s): _____

No. of specimen(s): _____

Sample description: _____

Original product size (mm): _____

Grade of sample: _____

Source of material(s)/Manufacturer(s): _____

Additional sample/testing information: _____
