



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

TESTING REQUEST FOR MANHOLE STEPS

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"/> BS 1247-1:1990 App. A	Bending test of manhole steps	STE 6.3	
<input type="checkbox"/> BS 1247-1:1990 Cl. 7.1	Twist test of manhole steps	STE 6.4	
<input type="checkbox"/> BS 1247-1:1990 App. B	Pull-out test of manhole steps	STE 6.5	
<input type="checkbox"/> BS EN 13101:2002 Annex B in conjunction with BS EN 13101:2002 Cl. 4.3.7	Vertical loading test of steps for underground man entry chambers	STE 6.3(a)	
<input type="checkbox"/> BS EN 13101:2002 Annex A in conjunction with BS EN 13101:2002 Cl. 4.3.6	Twist test of steps for underground man entry chambers	STE 6.4(a)	
<input type="checkbox"/> BS EN 13101:2002 Annex D in conjunction with BS EN 13101:2002 Cl. 4.3.9	Pull out test of steps for underground man entry chambers	STE 6.5(a)	

PWLTM no.	Customer sample no.(s)	No. of sample(s)	Sample description	Original product size (mm)

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 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.:		