



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

TESTING REQUEST FOR RUBBER COMPOUNDS MATERIALS

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"/> BS903:Part A26:1995	Hardness (IRHD) test	RUB 2.1	
<input type="checkbox"/> Method 620A of BS2782:Part 6:1991/ISO 1183:1987	Determination of density of non-cellular plastics	RUB 1.3	
<input type="checkbox"/> BS EN ISO 1183-1:2012 Cl. 5.1 Method A with modification	Determination of density of non-cellular plastics by immersion method	RUB 1.3(a)	
<input type="checkbox"/> Appendix 21.1 of GS 2006	Determination of flexural properties of plastic fender	RUB 5.1	
<input type="checkbox"/> Appendix 21.1 of GS 2020	Determination of flexural properties of plastic fender	RUB 5.1(a)	

PWLTM no.	Customer sample no.(s)	No. of sample(s)	Sample description	Original product size (mm) ⁽³⁾	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).

⁽³⁾ Provide information if applicable.

* 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.:		