



For laboratory use only

Submission Request No. (SRN)

Test Request No. (TRN)

TESTING REQUEST FOR TIMBER

Account No. (if available) _____	Customer Test Request Ref. No. _____ (Please limited to 14 characters including insert "R" after the Customer Test Request Ref. No. if the sample submitted as re-test.)
(Please provide the following project information if account no. is not available)	
Customer (Works Dept/Office) _____	Contract No. _____
Job Title _____	Job No. _____
Work/Site Location _____	

Method (Select appropriate box)	Test Description	PWLTM no.
<input type="checkbox"/> BS373:1957 Section 2	Determination of moisture content	TIM 1.1
<input type="checkbox"/> BS373:1957 Section 5	Determination of density	TIM 1.2
<input type="checkbox"/> BS373:1957 Section 6	Static bending test	TIM 2.2
<input type="checkbox"/> BS373:1957 Section 9	Janka indentation test	TIM 2.3
<input type="checkbox"/> BS373:1957 Section 8a and 8b	End face compression test	TIM 2.4
<input type="checkbox"/> BS373:1957 Section 10	Shear test (parallel to grain)	TIM 2.5

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.:		