



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

TEST REQUEST FOR MEASUREMENT OF COATING THICKNESS

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 _____	

Measurement of coating thickness by magnetic method in accordance with BS EN ISO 2178: 2016 in conjunction with BS EN ISO 1461:2009 (PWLTM No. MIS 7.1(a))

Customer specimen no.	No. of test specimen(s) ⁽¹⁾	No. of article in an inspection lot ⁽²⁾	Sample description	Significant surface area for each article ⁽³⁾ (mm ²)	No. of test area for each article ⁽⁴⁾	Uncoated base metal provided Yes / No

Sketch of test area locations and sizes provided ☐ Yes ☐ No.

The sample was obtained in accordance with BS EN ISO 1461:2009 ☐ Yes ☐ No.

Date test was confirmed to be conducted on _____ ☐ Yes ☐ No.

Additional sample/testing information:

- Notes:- ⁽¹⁾ No. of test specimens refer to Table 1 of BS EN ISO 1461:2009.
⁽²⁾ The no. of article in single order or single delivery load to the site.
⁽³⁾ The area of article covered by coating which is essential for serviceability and/or appearance.
⁽⁴⁾ No. of test areas refer to Table 2 of BS EN ISO 1461:2009.

Sample(s) delivery supervised by :-

Signature : _____
 Name : _____
 Post : _____
 Tel./Fax No. : _____ / _____
 Date : _____

Test(s) requested by :-

Signature : _____
 Name : _____
 Post : _____
 Tel./Fax No. : _____ / _____
 Date : _____

Fill in the box below the name and post for mailing and e-mail address to which the test report(s) should be sent or "To be collected" if the customer requests to collect the report(s) from the laboratory in person.

<input type="checkbox"/> Preliminary results		
Fax No.:		