



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

TESTING REQUEST FOR DETERMINATION OF BURNING BEHAVIOUR OF VERTICALLY ORIENTED SPECIMENS OF FALL PROTECTION- SAFETY NETS

Account No. (if available) _____ (Please provide the following project information if account no. is not 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.)
Customer (Works Dept/Office) _____	Contract No. _____
Job Title _____	Job No. _____
Work/Site Location _____	

Method (Select appropriate box)	Test Description	PWLTM no.	No. of Samples
☐ GB/T 5455-2014 (Condition A) in conjunction with GB 5725-2025 Cl. 5.5.2	拉絲經編安全網的阻燃性測試 (條件 A)	MIS 12.2	
☐ GB/T 5455-2014 (Condition A) in conjunction with GB 5725-2025 Cl. 5.5.3	浸漬塗覆安全網的阻燃性測試 (條件 A)		
☐ GB/T 5455-2014 (Condition A) in conjunction with GB 5725-2009 Cl. 5.2.2.9	安全網的阻燃性測試 (條件 A)		
☐ GB/T 5455-2014 (Condition B) in conjunction with GB 5725-2009 Cl. 5.2.2.9	安全網的阻燃性測試 (條件 B)		
☐ GB 5725-2025 Cl. 5.5.2 with sample conditioned as specified under GB/T 5455-2014 Cl.7.3 (條件 A), - for BD only*	拉絲經編安全網的阻燃性測試 (條件 A)	MIS 12.1	
☐ GB 5725-2025 Cl. 5.5.3 with sample conditioned as specified under GB/T 5455-2014 Cl.7.3 (條件 A), - for BD only*	浸漬塗覆安全網的阻燃性測試 (條件 A)		
☐ GB 5725-2009 Cl. 5.2.2.9 with sample conditioned as specified under GB/T 5455-2014 Cl.7.3 (條件 A), - for BD only*	安全網的阻燃性測試 (條件 A)		
☐ GB 5725-2009 Cl. 5.2.2.9 with sample conditioned as specified under GB/T 5455-2014 Cl.7.3 (條件 B), - for BD only*	安全網的阻燃性測試 (條件 B)		

Remarks: *Return of tested and untested samples is required. The test report will include the following additional observation remark (if applicable): "specimen separated into two parts by melting / 試樣熔融後呈左右兩半".

Additional sample/testing information:

Note: ⁽¹⁾ To be completed by a project inspectorate grade officer or above (or his delegate)

Sample(s) delivery by :

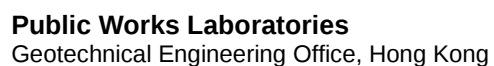
Test(s) requested by ⁽¹⁾ :

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.

☐ Preliminary results		
Fax No.:		



SAMPLE(S) INFORMATION

C Eng D (GEO) 2431 (Sheet 2 of 2) Jul 2026