Public Works Laboratories
Geotechnical Engineering Office, Hong Kong

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) _____

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.	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 :

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

Test(s) requested by (1) :

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.:		

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SAMPLE(S) INFORMATION

PWLTM no.	Customer sample no.(s)	Security Label No. of sample(s)	Sample description