



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

TESTING REQUEST FOR ROCK

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.
<input type="checkbox"/> ASTM D5731-95	Determination of point load strength for diametral and axial tests	ROC 2.8
<input type="checkbox"/> ASTM D2938-95	Determination of unconfined uniaxial compressive strength	ROC 3.2
<input type="checkbox"/> ASTM D3148-96	Determination of elastic moduli in uniaxial compressive test	ROC 3.5
<input type="checkbox"/> Other Rock Compliance Tests	Please specify PWLTM No. and provide detail information to pwcl_sor@cedd.gov.hk	

Guidance Notes on Completion of Request Form for Laboratory Rock Testing

General Guidance

A separate form should be completed for samples from each sampling/testing location. Each form should be signed and dated. It is recommended that the request form be vetted and signed by a qualified professional engineer responsible for checking of compliance (preferably the Project Manager Delegate or the supervisor for the Contract or equivalent). The request form must accompany the samples, which should be delivered to the testing laboratory by trained technical or assistant professional staff of the customer. Please note that the customer who has made the request for testing is responsible for ensuring that the test samples/positions have been selected in accordance with the specification requirements and are representative, and that the samples are delivered to the testing laboratory by personnel of appropriate level, using secure means, with clear indelible labels/markings on the samples for identification to ensure traceability.

Notes

- (1) The person who will be escorting the samples to the testing laboratory should be nominated by the engineer who signs the form.
- (2) For traceability, each sample/test position should have a unique identification number.

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.

Fax No.:		



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SAMPLE(S) INFORMATION

Contract No.: _____

Customer Test Request Ref. No.: _____

PWLTM no.	Customer sample no. (s)	Drillhole No.	Sample Depth (m)	Core Diameter (mm)	Description of Material Type	Point Load Test (ASTM D5731-95)	
						Diametral	Axial