



REQUEST FOR CONDUCTING TIME DOMAIN REFLECTOMETRY TEST TO DETERMINE THE LENGTH OF INSTALLED STEEL SOIL NAIL FOR LPMit SITES

Account No. : _____ Client Ref. No. : _____

Client Office/Dept. : ☐ CGE/LPM1 ☐ CGE/LPM2 ☐ CGE/LPM3 ☐ CGE/GP
(tick as appropriate) ☐ Other (please specify) _____

Contract No. : _____ Contract/Job Title : _____

Feature No. : _____

Site Location : _____

Responsible
Government Officer : _____ Post : _____ Email : _____

Project/Service Manager
Delegate or Supervisor : _____ Post : _____ Email : _____

Contact Tel. No. : _____

To : PWL (Email : pwcl.tdr@cedd.gov.hk)

- Total number of soil nails to be installed in the above feature is _____.
_____ number of soil nails (excluding the calibration nail(s) listed below) are available for TDR tests for the period from _____ to _____ inclusive, and _____ number of soil nails are to be tested.
- A location plan (or part plan) of soil nails in the sample lot(s) covered by this request form is attached.
- TDR tests to be conducted on the following calibration nails for the sample lot(s) covered by this request form:

Sample Lot No.	Calibration Nail No. (Assigned by RSS)	Remarks

- TDR tests to be conducted on the following soil nails:

Sample Lot No.	Soil Nail No. Available for TDR Tests	Test Nail No. (Assigned by PWL) [#]

- Notes:
- Soil nail with a significant length of exposed rebar, relative to the total nail length, at the soil nail head may not be suitable for calibration and testing purposes.
 - Soil nails in each sample lot shall have similar properties, e.g. grout mix and type of copper wires. Soil nails to be tested by TDR should generally evenly distributed amongst all soil nails in the sample lot(s).
 - Results will be sent to the authorized e-mail address registered for receiving electronic test reports under the stated Account No.
 - [#] Refer to Table A1 of the Procedures for Implementation of Revised Quality Assurance Framework prepared by the Standards and Testing Division of GEO regarding the frequency of TDR tests.

Request form prepared by (site contact person):

Name : _____ Consultant (if applicable) : _____
Post : _____ Contact Tel No. : _____ Date : _____

Request form checked by (an RSS member who is at least one rank higher than the person who prepared the request form):

Name : _____ Consultant (if applicable) : _____
Post : _____ Contact Tel No. : _____ Date : _____