

**For PWL use only**

Service Order No. (SON)

REQUEST FOR CONDUCTING TDR TEST TO DETERMINE THE LENGTH OF INSTALLED STEEL SOIL NAIL FOR LPMit SITES

Client (tick as appropriate) : ☐ CGE/LPM1 ☐ CGE/LPM2 ☐ CGE/LPM3 Client Ref. No. : _____
☐ CGE/GP ☐ CGE/P ☐ (please specify) _____

Job Title : _____ Contract No. : _____

Site Location : _____ Feature No. : _____

Engineer's Representative: _____ Post : _____ Email : _____

Contact Tel. No. : _____ Fax : _____

To : PWL (Fax number : 2795 9611)

1. Total number of soil nails to be installed in the above feature is _____.
2. _____ number of soil nails are available for TDR tests for the period from _____ to _____ inclusive, and _____ number of soil nails are to be tested.
3. A location plan (or part plan) of soil nails in the sample lot(s) covered by this request form is attached.
4. 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

5. 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: 1. 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.
2. 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).
3. Results will be sent to the Engineer's Representative managing the Works Contract.
4. # Refer to Table A1 of the Procedures for Implementation of Revised Quality Assurance Framework prepared by the S&T Division regarding the frequency of TDR tests.

Request form prepared by (site contact person):			
Signature	: _____	Consultant (If applicable)	: _____
Name & Post	: _____	Contact Tel. No.	: _____
Fax No.	: _____	Date	: _____
Request form checked by (an RSS member who is at least one rank higher than the person who prepared the request form):			
Signature	: _____	Contact Tel. No.	: _____
Name & Post	: _____	Date	: _____