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測試委託申請表 WORK REQUEST - (Piling Test)

Name of Company	:	_____		
Address	:	_____		
Contact Person	:	_____ (Tel: _____)	Date of order	: _____
Customer / Main Contractor	:	_____		
Project / Site	:	_____		
Sample Description	:	_____		
Work Description	:	_____		
No. of true copy report	:	_____	Send By :	<input type="checkbox"/> Hand <input type="checkbox"/> Mail <input type="checkbox"/> Collect at our lab.
Preliminary Result	:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Hard Copy	<input type="checkbox"/> Soft Copy
Subcontracted Test	:	<input type="checkbox"/> No Permit	<input type="checkbox"/> Permit	_____
HOKLAS endorsed report	:	<input type="checkbox"/> Need	<input type="checkbox"/> No need	
Testing / Sample Photos	:	<input type="checkbox"/> Need	<input type="checkbox"/> No need	
Require test date	:	_____ to _____		
Remarks	:	_____		

Type of Test	Test Standard	Test Sample No.
Ultrasonic Echo Sounder Test (Koden Test) 成孔質量檢測	<input type="checkbox"/> HKCI:TM3	_____
	<input type="checkbox"/> Other (Specify) _____	_____

	Total :	_____

Customer representative: _____
 (Full name)

Signature: _____

<i>For ATL use only</i>	
Works Order No. : <u>WO-_____</u>	Date of Test : _____
Our Job No. : <u>JN-_____</u>	Report No. : <u>HKATL-TR-PIL-KOD-_____</u>
Certificate of Material : <input type="checkbox"/> Presented	<input type="checkbox"/> Not Presented
Our laboratory has ability to carry out the test works	
<input type="checkbox"/> Yes <input type="checkbox"/> No, please specify the exceptional items _____	

Order received: _____