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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 Cross-hole Testing 混凝土超聲波檢測	<input type="checkbox"/> ASTM D6760-2016	_____
	<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-SON-_____</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: _____