Test request form

PRIMIMG OR SEALING WORKS

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| --- | --- | --- | --- | --- | --- |
| TO: | RMG GEOTECHNICAL | | Contact: | Panel contractor contact number | |
| CC | DPI CLERK | | Test Request Number: | Ascending number reference | |
|  | |  | | |  |
| PROJECT: | | NAME OF PROJECT – AS PER SPEC | | | PAGE 1 OF 1 |

* When required, in accordance with the contract documents, order the conformance testing in WRITING DIRECTLY from the Panel Period Contractors.
* Should the next Panel Period Contractor on the list *not* be available to perform the required testing, notify the Superintendent immediately.
* Give the Panel Period Contractor written notice in advance of each stage of the works requiring conformance testing, including re-testing.
* Notice – Provide the Superintendent with a copy of the order for testing simultaneously with the order being sent to the Panel Period Contractor.
* Any communication with the Panel Period Contractors, other than the ordering of testing or inquiring on the timing of test results must be forwarded through the Superintendent.
* Provide the Superintendent with the results of process control testing as identified in the relevant ITP with all requests for conformance testing.
* Notice – Notify the Superintendent prior to any rework of failed lots.

DATE & Time test REQUIRED: REASONABLE notice required to be given to panel PERIOD CONTRACTORS – ENSURE TIMES FOR TESTING REFLECT THE ACTUAL PROPOSED COMPLETION TIME OF THE LOT TO BE TESTED.

Lot Number: clearly identify number of THE LOT – EASIER FOR EVERYONE

Start chainage: ENSURE THIS IS Clearly marked on site – related to lot numbers

Finish chainage: ENSURE THIS IS clearly marked on site – related to lot numbers

Width (m): width of ROAD OR AREA to be tested

Length (m): length of the lot – TAKEN FROM CHAINAGES

Test & Layer depth: n/A

layer type: DELETE WHAT IS NOT TO BE TESTED

PRIME

SEAL

Tests REQUIRED: YOU NEED TO TEST EVRYTIME PRIMIMG OR SEALING TAKES PLACE – NOTE GENERALLY ONE PER DAY OR AS PER SPECIFCIATION

PRIME – 1 SAMPLE CONSISTING OF 3 TINS

SEALING – 1 SAMPLE CONSISITNG OF 3 TINS

CONTRACTOR: CONTRACTORS NAME CONTACT NO: CONTRACTORS PHONE No

DATE & TIME: SENT FAX NO: AS ABOVE