



For laboratory use only	
Submission Request No. (SRN)	
Test Request No. (TRN)	

TEST REQUEST FOR MEASUREMENT OF COATING THICKNESS

Account No. (if available) _____	Customer Test Request Ref. No. _____
(Please provide the following project information if account no. is not available)	(Please limited to 14 characters including insert "R" after the Customer Test Request Ref. No. if the sample submitted as re-test.)
Customer (Works Dept/Office) _____	Contract No. _____
Job Title _____	Job No. _____
Work/Site Location _____	

**Measurement of coating thickness by magnetic method in accordance with BS EN ISO 2178: 1995 ⁽¹⁾
(PWLTM No. MIS 7.1)**

Customer sample no.	No. of test specimen(s) ⁽²⁾	Sample description	No. of article in an inspection lot ⁽³⁾	Significant surface area for each article ⁽⁴⁾ (mm ²)

- Reference uncoated basis metal with flat surface provided Yes No.
- Reference uncoated basis metal with curved surface provided Yes No.
- The sample was obtained in accordance with BS EN ISO 1461:2009 Yes No.
- Certificate from hot dip galvanizer available Yes No.
- Sample after test will be collected by the customer Yes No.
- Test on site Yes No.

Additional sample/testing information:

- Notes:- ⁽¹⁾ BS EN ISO 2178 is a non-destructive method of determining coating thickness as suggested by BS EN ISO 1461: 2009.
⁽²⁾ Refer to Table 1 of BS EN ISO 1461:2009. (For a long article in the control sample, the reference areas shall be cut approximately 100 mm from each end and at the approximate centre and shall comprise the whole cross-section of the article).
⁽³⁾ The no. of article in single order or single delivery load.
⁽⁴⁾ Clause 6.2.3 of BS EN ISO 1461:2009 specifies the number of reference areas required for testing, which depends on the size of the significant surface area of individual articles.
For articles with less than 10 cm² significant surface area, the reference area = sufficient number of articles required to provide at least 10 cm² surface area.
⁽⁵⁾ To be completed by a project works supervisor grade officer or above.
⁽⁶⁾ To be completed by a project inspectorate grade officer or above (or his delegate).

Sample(s) delivery supervised by ⁽⁵⁾ :-

Test(s) requested by ⁽⁶⁾ :-

Signature : _____
Name : _____
Post : _____
Tel./Fax No. : _____ / _____
Date : _____

Signature : _____
Name : _____
Post : _____
Tel./Fax No. : _____ / _____
Date : _____

Fill in the box below the name, mailing and e-mail address to which the test report(s) should be sent or else mark "To be collected" if the customer requests to collect the report(s) from the laboratory in person.

<input type="checkbox"/> Preliminary results		
Fax No.:		