



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

TESTING REQUEST FOR REINFORCEMENT CONNECTORS / MECHANICAL CONNECTORS OR COUPLERS

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

Method (Select appropriate box)	Test Description	PWLTM no.	No. of sample(s)
<input type="checkbox"/> BS EN ISO 6892-1: 2009 Cl. 10.4 Method B & ISO 15835-2:2018 Cl. 5.4 excluding Cl. 5.4.4 in conjunction with GS (2006) Vol. 2 Cl. 15.35 and COP for Structure Use of Concrete (2004) Cl. 3.2.8.2	Permanent elongation test and tensile test of reinforcement connectors for tension joints	STE 6.14	
<input type="checkbox"/> BS EN ISO 6892-1: 2009 Cl. 10.4 Method B & ISO 15835-2:2018 Cl. 5.4 excluding Cl. 5.4.4 in conjunction with GS (2020) Vol. 2 Cl. 15.35	Permanent elongation test and tensile test of reinforcement connectors for tension joints	STE 6.14(a)	
<input type="checkbox"/> AC133 : 2008 Cl. 4.1.2 with modification	Testing of mechanical connector systems for steel reinforcing bars	STE 6.24	
<input type="checkbox"/> BS EN ISO 6892-1: 2009 Cl. 10.4 Method B & ISO 15835-2:2018 Cl. 5.4 excluding Cl. 5.4.4 in conjunction with COP for Structure Use of Concrete (2013) Cl. 3.2.8.3 and AC 133:2008 Cl. 4.1.2 with modification in conjunction with COP for Structure Use of Concrete (2013) Cl. 3.2.8.4	Testing of mechanical couplers for steel reinforcing bars	STE 6.25	

STE 6.14: GS (2006) Vol. 2 Cl. 15.35 COP (2004) Cl. 3.2.8.2
Specified characteristic strength of steel reinforcing bar: _____ MPa (for GS (2006))
Characteristic yield strength of steel reinforcing bar: _____ MPa (for COP (2004))

STE 6.14(a): GS (2020) Vol. 2 Cl. 15.35 Specified characteristic strength of steel reinforcing bar: _____ MPa

STE 6.24: UBC (Uniform Building Code) IBC (International Building Code)
 Static tension test Static compression test Cyclic tension and compression test
Specified yield strength of steel reinforcing bar: _____ MPa
Specified tensile strength of steel reinforcing bar: _____ MPa

STE 6.25 COP (2013) Cl. 3.2.8.1(a) & 3.2.8.3 (Type 1 coupler) : Permanent Elongation and tensile strength
 COP (2013) Cl. 3.2.8.1(b), 3.2.8.4(a) & 3.2.8.3 (Type 2 coupler) : Permanent Elongation and tensile strength
 COP (2013) Cl. 3.2.8.1(b) & 3.2.8.4(b) (Type 2 coupler) : Static tension test
 COP (2013) Cl. 3.2.8.1(b) & 3.2.8.4(c) (Type 2 coupler) : Static compression test
 COP (2013) Cl. 3.2.8.1(b) & 3.2.8.4(d) (Type 2 coupler) : Cyclic tension-and-compression test
Characteristic / specified yield strength of steel reinforcing bar: _____ MPa
Specified tensile strength of steel reinforcing bar: _____ MPa

Note:- (1) To be completed by a project works supervisor grade officer or above.
 (2) To be completed by a project inspectorate grade officer or above (or his delegate).
 * Delete as appropriate.

Sample(s) delivery supervised/handed over* by ⁽¹⁾	Test(s) requested by ⁽²⁾
Signature : _____	Signature : _____
Name : _____	Name : _____
Post : _____	Post : _____
Tel./Fax No. : _____ / _____	Tel./Fax No. : _____ / _____
Date : _____	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.:		



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SAMPLE(S) INFORMATION

Contract No. : _____

Customer Test Request Ref. No. : _____

PWLTM no.	Customer sample no(s).	No. of sample(s)	Test Options: ⁽¹⁾ (1) Permanent elongation & tensile strength (2) Static tension test (3) Static compression test (4) Cyclic tension-and-compression test (5) An Unspliced control reinforcing bar ⁽²⁾	Connector / Coupler			Steel Reinforcing Bar					
				Product Name	Grade	Diameter & Length (mm)	Source of material(s) / Manufacturer(s)	Nominal Size (mm)	Grade	Bar Pattern Code	Heat / Cast no(s).	Source of material(s) / Manufacturer(s)

Additional sample/testing information: _____

Note:- (1) Select and fill number(s) in the table cell as appropriate and applicable, in which the number(s) corresponds to the tests described in the above table column header.

(2) This test option is a MUST when the option of cyclic tension-and-compression test is selected.