



- REQUEST FOR TESTING -

**All registered project need to fill this job sheet form*

Project Detail :	
Project Title	
Job Number	
Location	
Type of Test	
Date of Sample Receive	

Client Detail :	
1. Contractor / Consultant /	
Name :	
Address :	
Cont. Person :	
Cont. No :	
Email :	

GESB Project Team :	
Received By :	Supervisor :
Reporting By :	Tested By :

***All team members is responsible to the sequence of job*

Notes :-	
For Material Test	
Source :	
Supplier :	
Material : SOIL / SAND / CRUSHED ROCK	
Type of Payment :	Invoice No :
Cash	Amount (RM)
Cheque	Received By
Bank Draft	Received Date
Others (pls state)	Signature
Ref. No :	

TEST REPORT REQUIREMENT
Testing Method/Standard
Other Testing Report No. / Reference if any (pls attach)
Does Uncertainty of result required?
Purpose of Testing
Convenant of Applicant
I declare that all the information provided in the application form are correct. I also fully understood and agreed to abide by the items and conditions relating to acceptance of testing item for testing including impartiality and confidentiality.
Signature :
I.C No. :
Designation :
Date :
Condition of testing item during receive (by lab personnel)

F-GESB-QPM02-01

Issue No : 1, Rev No : 1

Effective Date : 01 July 2021