



Strength of Materials Laboratory (SML)
 Department of Mechanical and Manufacturing Engineering
 Faculty of Engineering, Universiti Putra Malaysia
 43400 UPM Serdang, Selangor, Malaysia
 Tel: 603-89466336 Fax: 603-86567122 Email: wildan@upm.edu.my

F3-B

Job Number
 20___/FK/SML/J___

APPLICATION FOR TESTING SERVICES FORM

APPLICANT

Organization and Address : _____

 Name : _____
 Tel. No. : _____
 E-mail Address : _____
 Requirements : Testing Raw Data Test Report
 Others (please specify): _____

SAMPLE/PRODUCT INFORMATION

Sample Name : (if more than one, please attached with a list of sample)	Test Methods : Number of Sample :
SAMPLE DISPOSAL BY: <input type="checkbox"/> Laboratory (with cost of RM _____) <input type="checkbox"/> Customer (within one month from issuance of test report)	Description of samples: (weight, volume, size, expiry date, etc.)

COVENANT OF APPLICANT

TYPE OF PAYMENT

By signing this form I take full responsibility for the payment of the services rendered.

Signature of applicant and official stamp:

Date :

- Vot No** : _____ - _____ (PTJ)
 Cheque/Bank Draft/Postal Order
 (payable to BENDAHARI UPM)
 Cash Receipt from Bendahari
 Bank Transfer (CIMB Bank)
 KIRA-KIRA UNIVERSITI PUTRA
 MALAYSIA
 1215-0005004-05-0

Local Order (LO)/Purchase Order (PO)

Address to:
 BENDAHARI UPM,
 BANGUNAN PENTADBIRAN,
 UNIVERSITI PUTRA MALAYSIA,
 43400 UPM SERDANG,
 SELANGOR DARUL EHSAN, MALAYSIA.

FOR LABORATORY USE

	Yes	No	Remarks (guide)		Yes	No	Remarks
Sample (Adequate)	<input type="checkbox"/>	<input type="checkbox"/>	(weight, volume, size, expiry date, etc.):	Any equivalent method	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of sample (Acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	(liquid/solid/gas/wet/dry):	Competence Personnel	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate method	<input type="checkbox"/>	<input type="checkbox"/>	(equipment):	Others/Subcontract	<input type="checkbox"/>	<input type="checkbox"/>	
Toxicity/Hazardous	<input type="checkbox"/>	<input type="checkbox"/>	(biohazard/carcinogen/radioactive etc.):	Commencement of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Inform Customer <input type="checkbox"/> Return Sample <input type="checkbox"/> Others
DATE OF SAMPLE RECEIVED:				SAMPLE DISPOSAL BY CUSTOMER ONLY:			
EXPECTED TIME OF COMPLETION (AGREED) :				Received by :			
Reviewed by : TM/DTM/Technical Staff			 Customer's Signature			
Date :				Name: Date:			

* Please refer Page 2 for list of testing



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TESTING FACILITIES	
<i>Please Mark (✓) Test(s) Required</i>	
Strength of Materials Laboratory (SML)	
Block G, Department of Mechanical and Manufacturing Engineering	
Instron 100 kN Universal Testing Machine	<input type="checkbox"/> Tensile Testing* <input type="checkbox"/> Compression Testing Flexural
LS Dyna Simulation Software	<input type="checkbox"/> Bus Rollover <input type="checkbox"/> Crash Analysis

* Accredited to MS ISO/IEC 17025 (SAMM 711)