



Structure Laboratory (STL)
 Department of Civil Engineering
 Faculty of Engineering, Universiti Putra Malaysia
 43400 UPM Serdang, Selangor, Malaysia
 Tel:603-89471583/03-89464444 Fax:603-86567129
 Email:azzlia@upm.edu.my /mohdhaffis@upm.edu.my

F3-D

UPM/FK/F3 - D

Job Number
 20 ___/FK/STL/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 : <i>(if more than one, please attached with a list of sample)</i>	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: <i>(weight, volume, size, expiry date, etc.)</i>

COVENANT OF APPLICANT

TYPE OF PAYMENT

<p>By signing this form I take full responsibility for the payment of the services rendered.</p> <p>Signature of applicant and official stamp: _____</p> <p>Date :</p>	<input type="checkbox"/> VotNo: _____ - _____ (PTJ) <input type="checkbox"/> Cheque/Bank Draft/Postal Order <i>(payable to BENDAHARI UPM)</i> <input type="checkbox"/> Cash Receipt from Bendahari <input type="checkbox"/> Bank Transfer (CIMB Bank) KIRA-KIRA UNIVERSITI PUTRA MALAYSIA 1215-0005004-05-0	<input type="checkbox"/> Local Order (LO)/Purchase Order (PO) Address to: BENDAHARI UPM, BANGUNAN PENTADBIRAN, UNIVERSITI PUTRA MALAYSIA, 43400 UPM SERDANG, SELANGOR DARUL EHSAN, MALAYSIA.
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FOR LABORATORY USE

	Yes	No	Remarks (guide)	Yes	No	Remarks
Sample (Adequate)	<input type="checkbox"/>	<input type="checkbox"/>	<i>(weight, volume, size, expiry date, etc.):</i>	Any equivalent method	<input type="checkbox"/>	<input type="checkbox"/>
Condition of sample (Acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	<i>(liquid/solid/gas/wet/dry):</i>	Competence Personnel	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate method	<input type="checkbox"/>	<input type="checkbox"/>	<i>(equipment):</i>	Others/Subcontract	<input type="checkbox"/>	<input type="checkbox"/>
Toxicity/Hazardous	<input type="checkbox"/>	<input type="checkbox"/>	<i>(biohazard/carcinogen/radioactive etc.):</i>	Commencement of Work	<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 Name: Date:					
Date :						

* Please refer Page 2 for list of testing



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TESTING FACILITIES

Please Mark (✓) Test(s) Required

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Block I 2.1, Department of Civil Engineering

ZwickRoell Machine 1000 kN	<input type="checkbox"/> Steel Bar Tensile Test (BS EN ISO 6892-1:2009) <input type="checkbox"/> Bending <input type="checkbox"/> Compression Test <input type="checkbox"/> Fatigue Test
MTS Actuator 300 kN Dynamic and 450 kN Static Capacity + Testing Frame of 3.5 m Height and 4.5 m Width equipped with Shimadzu Controller	<input type="checkbox"/> Bending Test <input type="checkbox"/> Shear Test <input type="checkbox"/> Compression Test <input type="checkbox"/> Dynamic Test