



JOB REQUISITION FORM

Quotation No. : _____ Job Requisition No.: _____ Customer Ref. No. : _____
 Customer : _____ Representative Name : _____
 Project (Quotation) : _____ Tel. No. : _____
 Project (Report) : _____
 Location : _____
 Date : _____ Time : _____ Primary Test Centre: _____ Secondary Test Centre: _____

Test(s) Requested	Account Code <small>(Internal use)</small>	Specification	Description of Sample	Unit	Quantity	
					Req.	Actu.

Decision Rule shall be employed in accordance with the agreement listed in "Quotation for Services".
 Statement of Conformity to be identified in Report. Note: Statement of Conformity will not be identified in Report unless specified.

Test Requested and Confirmed By :
 (Signed for and on behalf of Customer) _____ Name: _____ Date : _____

Sample delivered by customer (tick if yes):

Remarks: 1. One month after issuance of the test report, or as otherwise advised by the customer, the tested/untested sample will be disposed of.
 2. Attention is drawn to the customer that The Lab's Staff should not accept any offering or advantage when conducting their duty as defined in the prevention of bribery ordinance cap 201 and any undue pressure exerted on The Lab's Staff with the intention of affecting the test result(s) may be reported to the Police or the ICAC.

The Lab Staff Information	No. of staff <small>(Requested by Customer)</small>	Type of Overtime	Overtime Charge
Time Arrived on site: _____		<input type="checkbox"/> Lunch Hour	No. of hour per staff _____ Hrs.
Time Left site: _____		<input type="checkbox"/> Outside normal working hour	Total OT Charge _____ Hrs.

Reporting Information

Original Report to : _____ Attn. : _____

Customer Name in Test Report different from above : Yes / No (If Yes) Name : _____

Customer need Preliminary Report of above test : Yes / No (If Yes) Preliminary Report to : _____

Contact Information in Test Report different from Quotation : Yes / No (If Yes) Contact Information : _____

(Contact Information Examples: Address, Contact Person Name and Phone No. / Email, etc.)
(Contact Information will be shown on test report)

Contract Review

This job requisition has been reviewed and has been found to meet the following.

the requirements, including the methods to be used, are adequately defined, documented and understood;
 the laboratory has the capability and resources to meet the requirements;
 the appropriate test and/ or calibration method is selected and capable of meeting the customer's requirements

Approved By: _____
(Signed for and on behalf of The Lab (Asia) Ltd.)

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 Project (Report) : _____
 Location : _____
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 Statement of Conformity to be identified in Report. Note: Statement of Conformity will not be identified in Report unless specified.

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Remarks: 1. One month after issuance of the test report, or as otherwise advised by the customer, the tested/untested sample will be disposed of.
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The Lab Staff Information	No. of staff <small>(Requested by Customer)</small>	Type of Overtime	Overtime Charge
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Reporting Information

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Customer Name in Test Report different from above : Yes / No (If Yes) Name : _____

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Contact Information in Test Report different from Quotation : Yes / No (If Yes) Contact Information : _____
(Contact Information Examples: Address, Contact Person Name and Phone No. / Email, etc.)
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Contract Review

This job requisition has been reviewed and has been found to meet the following.

the requirements, including the methods to be used, are adequately defined, documented and understood;
 the laboratory has the capability and resources to meet the requirements;
 the appropriate test and/or calibration method is selected and capable of meeting the customer's requirements

Otherwise,
 the job is rejected and customer contacted accordingly.

Approved By:

(Signed for and on behalf of The Lab (Asia) Ltd.)



JOB REQUISITION FORM

Quotation No. : _____ Job Requisition No. : _____ Primary Test Centre : _____
 Customer : _____ Representative Name : _____
 Project : _____ Tel. No. : _____
 Name of Staff Involved : _____ Site Contact Person : _____
 Vehicle No. : _____ Tel. No. : _____

Information Supplied by Customer Supplier : _____	Aggregate Use Only Sampling Certificate Attached : Y / N
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Production Plant : _____ Mix I.D. : _____

Lab Sample I.D.	Customer Sample I.D.	Test	Description of Material	Location

For Laboratory Only

Payment Terms of Customer		Min. Charge	Visit
Bill to : _____	_____	_____	_____
Payment Terms : _____	Other : _____	Mobilization	Trip
		_____	_____

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