

The Government of the Hong Kong Special Administrative Region

Development Bureau

Works Project Information Standard

Release Notes

Of

Library of PDF e-Form Schemas and their associated data files

Release No.: 1.10.00

Date of Issue: December 2009

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2	Hewlett-Packard HK SAR Limited (HP)			

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Amendment History					
Change		Pages	Revision		
Number	Revision Description	Affected	Number	Date	
1.	Initial Release		1.08.00	29 Dec 2008	
2.	Version number correction	all	1.09.00	12 Feb 2009	
3.	Version number correction	all	1.10.00	18 Dec 2009	

Ref. No. PS0B3D iii

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1 WPIS PDF e-form Version 1.09.00

The library of the Works Project Information Standard (WPIS) PDF e-form Schemas, Templates and Conversion Data Files promulgated under this Release No. 1.09.00 are composed following the principles and standards set out in the WPIS PDF e-form version 1.09.00 which can be downloaded from www.wpis.gov.hk

2 What's included in this release

- WDD's PDF e-form template files
- PDF e-form schema files
- WDD to/from PDF e-form conversion files

To facilitate the distribution of the above documents and files, they will be grouped according to the WPIS folder structure (WPIS PDF e-form version 1.09.00 refers) and compressed into a single zip file. User needs to unzip these files into a root directory where all the files will be placed appropriately according to the WPIS folder structure.

2.1 The files included in this release

The list of files in this release:-

PDF e-form	PDF e-form	Conversion (PDF to	Conversion (WDD to
tempate	Schema	WDD)	PDF)
WDD-1.0-1.0.pdf	EFORM-1.0-1.0.xsd	WDD-1.0-1.0_PDF_WDD.cnv	WDD-1.0-1.0_WDD_PDF.cnv
WDD-1.1-1.0.pdf	EFORM-1.1-1.0.xsd	WDD-1.1-1.0_PDF_WDD.cnv	WDD-1.1-1.0_WDD_PDF.cnv
WDD-2.0-1.0.pdf	EFORM-2.0-1.0.xsd	WDD-2.0-1.0_PDF_WDD.cnv	WDD-2.0-1.0_WDD_PDF.cnv
WDD-3.0-1.0.pdf	EFORM-3.0-1.0.xsd	WDD-3.0-1.0_PDF_WDD.cnv	WDD-3.0-1.0_WDD_PDF.cnv
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	1.0.xsd		
WDD-17.0-1.0.pdf	EFORM-17.0-	WDD-17.0-1.0_PDF_WDD.cnv	WDD-17.0-1.0_WDD_PDF.cnv
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	1.0.xsd		
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WDD-23.2-1.0.pdf	EFORM-23.2-	WDD-23.2-1.0_PDF_WDD.cnv	WDD-23.2-1.0_WDD_PDF.cnv
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3 WDD PDF e-form Version 1.09.00 form details

This release contains the following PDF e-forms template files:-

- 1. WDD-1.0-1.0 (Project Contract Profile)
- 2. WDD-1.1-1.0 (Project Contract Summary)
- 3. WDD-2.0-1.0 (Document Profile)
- 4. WDD-3.0-1.0 (Digital Album)
- 5. WDD-4.0-1.0 (Injury Report)
- 6. WDD-4.1-1.0 (Construction Accident Statistics Monthly Summary)
- 7. WDD-4.2-1.0 (Employees Compensation Summary)
- 8. WDD-4.3-1.0 (Preliminary Accident Report)
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- 13. WDD-5.0-1.0 (Inspection Survey Request)
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- 23. WDD-8.1-1.0 (Inclement Weather Report)
- 24. WDD-8.2-1.0 (Daywork Daily Record)
- 25. WDD-8.3-1.0 (Daywork Monthly Summary)
- 26. WDD-9.0-1.0 (Site Investigation Result)
- 27. WDD-11.0-1.0 (Contractor's Request for Information Message)
- 28. WDD-11.1-1.0 (Engineer's Response to Contractor's Request for Information Message)
- 29. WDD-12.0-1.0 (Form 2511 Request for Insitu Soil Testing Message)
- 30. WDD-12.1-1.0 (Form 2112 Request for Bituminous Materials Testing Message)
- 31. WDD-12.2-1.0 (Form 2113 Request for Aggregate Testing Message)
- 32. WDD-12.3-1.0 (Form 2317 Request for Paving Block Testing Message)
- 33. WDD-12.4-1.0 (Form 2403 Request for Steel Bar Testing Message)
- 34. WDD-12.5-1.0 (Form 2404 Request for Miscellaneous Steel Sample Testing Message)
- 35. WDD-12.6-1.0 (Form 2405 Request for Cast Iron Drainage Goods Testing Message)
- 36. WDD-12.7-1.0 (Form 2201 Request for Sample Collection and Testing Request for Chemical Testing Services for Concrete Message)
- 37. WDD-12.8-1.0 (Form 2202 Request Form for Sample Collection and Testing Request for Chemical Testing Services for Soil Message)
- 38. WDD-12.9-1.0 (Form 2316 Request Form for Sample Collection and Testing Services for Clay/Concrete Paving Blocks Provided by PWL Contract Laboratory Message)
- WDD-12.10-1.0 (Form 2319 Request Form for Sample Collection Service and Testing Request for Grade A Concrete Paving Blocks Message)
- WDD-12.11-1.0 (Form 2407 Request Form for Structural Steel Section and Reinforcement Connector Sample Collection Service (For PWCL) Message)
- WDD-12.12-1.0 (Form 2408 Request Form for Steel Bar Sample Collection and Testing Services Provided by PWL Contract Laboratory Message)

- 42. WDD-12.13-1.0 (Form 2410 Request Form for Sample Collection Service and Testing Request For 7-Wire Strand (For PWL) Message)
- 43. WDD-12.14-1.0 (Form 2007 Registration Form for Testing of Construction Materials Message)
- 44. WDD-12.15-1.0 (Form 2017 Request Form for Calibration / Checking of Equipment Message)
- 45. WDD-12.16-1.0 (Form 2409 Request Form for Steel Fabric Sample Collection Service (For PWCL) Message)
- 46. WDD-12.17-1.0 (Form 2509 Request Form for Soil Testing For Checking of Compliance with Specification Requirements Message)
- 47. WDD-12.18-1.0 (Form 2510 Request Form for Laboratory Soil Testing Message)
- 48. WDD-13.0-1.0 (GF 521 Works Order Message)
- 49. WDD-13.1-1.0 (Variation Order)
- 50. WDD-13.2-1.0 (Standard Letter for Variation Order)
- 51. WDD-13.3-1.0 (Current Financial Statement)
- 52. WDD-14.0-1.0 (Contractor's General Submission Message)
- 53. WDD-14.1-1.0 (Inventory Record Form for Furniture and Equipment Which Shall be Returned to the Contractor)
- 54. WDD-14.2-1.0 (Record Form For Bituminous Materials Delivered To Site)
- 55. WDD-14.3-1.0 (Mandatory Provident Fund Notification Form)
- 56. WDD-14.4-1.0 (Shotfirer's Charging Details)
- 57. WDD-14.5-1.0 (Contractor's Design Submission Message)
- 58. WDD-14.6-1.0 (Contractor's Material Submission Message)
- 59. WDD-17.0-1.0 (Running Abstract)
- 60. WDD-18.0-1.0 (Contract Rate Statistics Message)
- 61. WDD-18.1-1.0 (Contract Rate Information)
- 62. WDD-19.0-1.0 (Reinforced Bar Schedule)
- 63. WDD-22.0-1.0 (Rain Gauge Message)
- 64. WDD-23.0-1.0 (Statistic of Claim)
- 65. WDD-23.1-1.0 (Claim Registry)
- 66. WDD-23.2-1.0 (Contract Information of Claim)

3.1 WDD - 1.0 - 1.0 (Project Contract Profile)

Part A	Project Informat	ion						
Contract No.	: [ProjectContract	ctNumber]	Contract Title :	[ProjectContract	ctTitle]			
Purpose	: [Objective]	[Objective]						
Works Location	: [WorksLocation	[WorksLocation]						
Works Type	[Type]	Type] Building Type : [BuildingType]						
Scope of Works	: [Scope]							
Progress	: [Progress]	Progress]						
Cost	: [Cost]							
Name of Consult	ant(s):							
[Consultant]								
			1					
Name of Contrac	tor(s):				_			
[Contractor]				9				
	-		_		-			
Award Date	: [AwardDate]		Commencement Da	te · [Comm	encementDate]			
Anticipated Date			Actual Completion	Lecinin	CompletionDate]			
Duration :								
Section	Duration(days)	Section	Duration(days)	Section	Duration(days			
ectContractSection								
Website	: [Website]							
Remarks	: [Remark]							
Part B	Contact Informa	tion						
Name	: [ContactPersor	Name]						
Organization	: [ContactPerson	Organization]						
Address	: [ContactPerson	Address]						
Telephone	: [ContactPersor	TelephoneNumbe	er]					
	Others	D. T. E. S.						
Part C		THE RESIDENCE OF THE SAME OF T						
Part C Client Organizati	ion : [ClientOrga			Client Office : [ClientOffice]				
Part C Client Organizati Client Office	ion : [ClientOrgan : [ClientOffice	e]			Division : [ClientDivision]			
Part C Client Organizati Client Office Division	ion : [ClientOrgan : [ClientOffice : [ClientDivis	e] ion]						
Part C Client Organizati Client Office Division	ion : [ClientOrgan : [ClientOffice	e] ion]						
Part C Client Organizati Client Office Division	ion : [ClientOrgan : [ClientOffice : [ClientDivis	e] ion]						
Part C Client Organizati Client Office Division	ion : [ClientOrgan : [ClientOffice : [ClientDivis	e] ion]						
Part C Client Organizati Client Office Division	ion : [ClientOrgan : [ClientOffice : [ClientDivis	e] ion]						

PDF e-form Object Name for data capture	Title/Description on PDF Form
ProjectContractNumber	Contract No.
ProjectContractTitle	Contract Title
Objective	Purpose
WorksLocation	Works Location
Type	Works Type
BuildingType	Building Type
Scope	Scope of Works
Progress	Progress
Cost	Cost
Consultant	Name of Consultant(s)
Contractor	Name of Contractor(s)
AwardDate	Award Date
CommencementDate	Commencement Date
AnticipatedCompletionDate	Anticipated Date
ActualCompletionDate	Actual Completion Date
ProjectContractSection	Section
Duration	Duration(days)
Website	Website
Remark	Remarks
ContactPersonName	Name
ContactPersonOrganization	Organization
ContactPersonAddress	Address
ContactPersonTelephoneNumber	Telephone
ClientOrganization	Client Organization
ClientOffice	Client Office
ClientDivision	Client Division
ResidentEngineer	ResidentEngineer

3.2 WDD – 1.1 – 1.0 (Project Contract Summary)

					C9-A	V-P02 (Ver. July 2001)
		Sur	nmary of D	Details of	Contract	
		(To be subm	itted within 3	0 days afte	er award of contract)	
Part .	A (Data that can be obtained fr	om Construct	tion Manag	ement Information Syste	em)
	1.	Contract No. and Brief Co	ntract Title:	[Project	ContractNumber] [ProjectContractTitle]
Š	2.	Department / Office / Div	ision:	[ClientOr	ganization] [ClientOffice	e] [ClientDivision]
9	3.	Name of Contractor:		93 <u></u>	[Contractor]	L sg
	4.	Contract Sum: (HK\$)		[Project	ContractSum]	
Part :	B (Additional information to be	e input into th	e PCAS s	/stem)	
	5.	(a) Contract Commencer	nent Date* :	200	[Commencement	Date]
		(b) Anticipated Contract	Completion I	Date* :	[AnticipatedCom	pletionDate]
	6. (Officers in Charge:			Project Officer	Consultants RSS
		(a) Name (in Block Lette	rs):		[ProjectOfficer\Name]	[ResidentSiteStaff\Name]
		(b) Post Title:			[ProjectOfficer\Title]	[ResidentSiteStaff\Title]
		(c) Contact Telephone N	o.: [P	rojectOffice	r\TelephoneNumber] [Res	identSiteStaff\TelephoneNumbe
		(d) Fax No.:		[P	rojectOfficer\FaxNumber]	[ResidentSiteStaff\FaxNumber]
	7.1	Nature of Works: (Can tick:	more than one	e box)	300 54	1.5
	1	Building	Е		Site Formation	
ature of	ıJ	Roads and Drainage	Γ.		Landscape	П
Works Group	K	Water Works	Г		Ground Investigation	ı 🗀
	,	Geotechnical Works	Γ.		Electrical & Mechan	ical Works
	١	Port Works				
	8. 7	Type of Contract: (Can have	more than or	ne selectio	n)	
Type of Contract	\prec	Civil□ / Building □ /	Team ☐ /	Specialis	t 🖂 / Maintenance 🗀	/ Design & Build
Group] `	with Safety Plan included				Yes / C No fetyPlanIndicator]
		under Pay for Safety Sch	eme (PFSS)			Yes / O No [PfssIndicator]
		under Independent Safety	Audit Schen	ne (ISAS)		Yes / O No [IsasIndicator]
* in f	om	nat dd/mm/vvyv				[20002110101]
		TIME TO SECURITY OF THE SECURI				

PDF e-form Object Name for data capture	Title/Description on PDF Form
Part A	1
ProjectContractNumber	Contract No
ProjectContractTitle	Brief Contract Title
ClientOrganization	Department
ClientOffice	Office
ClientDivision	Division
Contractor	Name of Contractor
ProjectContractSum	Contract Sum
Part B	
CommencementDate	(a) Contract Commencement Date
AnticipatedCompletionDate	(b) Anticipated Contract Completion Date
(Project Officer)	(c)
ProjectOfficer.Name	(a) Name (in Block Letters)
ProjectOfficer.Title	(b) Post Title
ProjectOfficer.TelephoneNumber	(c) Contact Telephone No.
ProjectOfficer.FaxNumber	(d) Fax No.
(Consultants RSS)	
ResidentSiteStaff.Name	6. (a) Name (in Block Letters)
ResidentSiteStaff.Title	6. (b) Post Title
ResidentSiteStaff.TelephoneNumber	6. (c) Contact Telephone No.
ResidentSiteStaff.FaxNumber	6. (d) Fax No
WorksNatureElectricalAndMechanicalWorks	7. Nature of Works
WorksNatureGroundInvestigation	
WorksNatureLandscape	
WorksNatureSiteFormation	
WorksNaturePortWorks	
WorksNatureGeotechnicalWorks	
WorksNatureWaterWorks	
WorksNatureRoadsAndDrainage	
WorksNatureBuilding	
ProjectContractTypeContractCivil	8. Type of Contract
ProjectContractTypeContractBuilding	
ProjectContractTypeContractTeam	
ProjectContractTypeContractSpecialist	
ProjectContractTypeContractSMaintenance	
ProjectContractTypeBuildAndDesign	
SafetyPlanIndicator	with Safety Plan included
PfssIndicator	under Pay for Safety Scheme (PFSS)
IsasIndicator	under Independent Safety Audit Scheme
	(ISAS)

3.3 *WDD* – 2.0 – 1.0 (Document Profile)

Contract No. : [1	ument Information ProjectContractNumber]		
Date : [I	Project Contract Number		
L.	roject Contractivumber	Subject : [Subject	Caption]
	DocumentDate]	Sender Signature: [DigitalS	Signature]
	der Information		(T)
Name : [3	SenderName]		
ender Ref. : [SenderReference]	Title : [Sender]	Title]
	SenderOrganization]		
	SenderTelephoneNumber]	Fax. No. : [Sender]	FaxNumber]
	SenderEmailAddress]	Website : [Sender]	
	ipient Information	100 mg (200 mg	
Recipient Ref. :			
tecipient(s):			
Name	Organization	Fax No.	Email Address
[Name]	[Organization]	[FaxNumber]	[EmailAddress]
	Recipie		
Ce:	•		
Name	Organization	Fax No.	Email Address
E PERSONAL TRANSPORT		1100-0000000000000000000000000000000000	
[Name]	[Organization]	[FaxNumber]	[EmailAddress]
	[CcRec	ipient	
Bee:		E N	F 71.11
Name	Organization	Fax No.	Email Address
[Name]	[Organization]	[FaxNumber]	[EmailAddress]
	BccR	ecipient]	
	ssage		

PDF e-form Object Name for data capture	Title/Description on PDF Form
ProjectContractNumber	Contract No.
SubjectCaption	Subject
DocumentDate	Date
DigitalSignature	Sender Signature
SenderName	Name
SenderReference	Sender Ref.
SenderTitle	Title
SenderOrganization	Organization
SenderTelephoneNumber	Tel. No.
SenderFaxNumber	Fax. No.
SenderEmailAddress	Email Address
SenderWebsite	Website
Recipient	Recipient(s)
Recipient \Name	Name
Recipient \Organization	Organization
Recipient \FaxNumber	Fax No.
Recipient \EmailAddress	Email Address
CcRecipient	Cc
CcRecipient\Name	Name
CcRecipient\Organization	Organization
CcRecipient\FaxNumber	Fax No.
CcRecipient\EmailAddress	Email Address
BccRecipient	Bcc
BccRecipient\Name	Name
BccRecipient\Organization	Organization
BccRecipient\FaxNumber	Fax No.
BccRecipient\EmailAddress	Email Address
MessageBody	Body Filename
AttachmentFileName	Attachment Filename(s)

3.4 WDD – 3.0 – 1.0 (Digital Album)

Contract No.: [Co	ontractNumber]		8
	ContractTitle]		*
V	·		
Contractor:	[Contractor]		
Date*:	[Date]	No. of photos attached:	[PhotographCount]
Photo		Description	
[Item\AttachmentFileName]	Open Image	[Item\Description]	
	Open Image		
	Open Image		*
	Open Image		
	Open Image		
Remark	dec 194		-2.
		[Remark]	
Prepared by: [Prep	paringPersonName]		
Designation: [Pre	paringPersonTitle]		
* in format dd/mm/yyyy			

PDF e-form Object Name for data	PDF Form Description
capture	
ContractNumber	Contract No
ContractTitle	Contract Title
Contractor	Contractor
Date	Date
PhotographCount	No. of photos attached
Item.AttachmentFileName	Photo
Item.Description	Description
Remark	Remark
PreparingPersonName	Prepared by
PreparingPersonTitle	Designation

3.5 WDD - 4.0 - 1.0 (Injury Report)

		Injury	Report Form	
				Principal Contractor within with incapacity for more than
	Contract number	[ContractNumber]	Ref. No. of injury	[InjuryReferenceNumber]
В	1. Name (surname first) 2. Age 3. Sex	[InjuredWorker\Given [InjuredWorker\Given [InjuredWorker\Age]] Permale Worker\Gender] ULARS OF EMPLOYI Over (If not principal context [Injury]): [AccidentDate] injury the no hospitalization on hith hospitalization more to add/mm/yy): [SickLe	Anamod Imported labourer 5. Years of construction 6. No. of months work ER of injured worker intractor) CIDENT cospitalization less than 24 hears 24 hours caveStartDate (if different file	rom the date of accident)
D	End date of sick leave (Please tick the appropriate	TRADE of the injured t	worker (tick one box only)	ed when known)
	Semi-skilled worker / Gen Chainman Concreting labour		Management / Foreman 11. Manager / Site l 12. Ganger	Engineer / General Foreman
uredWorkerTrade]	21 Bamboo scaffolde 22 Bar bender and fir 23 Bricklayer 24 Building services 25 Carpenter (fender 26 Carpenter (formw 27 Concretor 28 Construction / Me mechanic or fitter	xer 38 7 E&M worker 40 1 orker) 42 echanical plant 44	Metal scaffolder Painter and decorato Piling operative Plant & equipment of Plant & equipment of Plant & equipment of Plant & equipment of	operator (builders lift & other machinery) operator (earthmoving machinery) operator (hoist and crane) operator (piling)

				C9-A	VI (Ver. July 2001)
FI	Please tick the PLACE	OF ACCIDENT	(tiak ana ban anla)		111(101.101) 2001)
				7 T . 1 1 (c) (c) 15	(C. 11)
13	1. ☐ Roof/Top of	: building ternal work surface	7.	External work / Scaffolding Steel bending yard	/ Gondola
			8.	보이다는 이상 경우 (1200년 1200년 - 1200	_1
identibocation[5]			9. 🗆	Pre-casting / Prestressing ya	ira
5-15	94 - H ari Hakara Halibara (2001)	Underground / Baser er / Drain / Nullah	- TOTAL	Floor / Floor opening Falsework and formwork	
		er / Drain / Ivulian	11.		dentLocationSpecification]
(6. Ladder		12.	Others (specify)	
I	NJURED respectively If the victim has more that	 The information to an one injury in the acc 	be collected is similar	URE OF INJURY AND PAR to Section J of Labour Depar rately. For example, in the case of second injury.)	tment Form 2.
			1st injury	2 nd injury	3rd injury
N	Nature of injury incurre	a (1.20) [Worker]	njury\Detail\InjuryNature	has extended	
	marin umusilikalika marin	-	jury\Detail\BodyPartInjure	() 	20
P	art of body injured. (2	(1-60) [Workering	ury Detail Body Fartinjure	'	42 40
N	Nature of injury				
1	Abrasion		11. Ele	ectric shock / Effects of electric	current
2	Amputation		12. Fr	icture	
3	. Asphyxia		13. Pu	acture	
4	. Bum (heat)		14. Sp	rain / Strain / Twist	
0.00	. Bum / Scald		15. Fr	ezing	
6	. Contusion & bruise		16. Po	isoning and gassing	
7	. Concussion & other i	internal injury	17. In:	tation	
8	. Laceration and cut		18, Na	usea	
9	. Dislocation		19. M	dtiple Injuries	
1	0. Crushing		20. Ot	ners (specify) [WorkerInjury	OtherInjuryNatureSpecification]
P	art of body injured				
	EAD	NECK & TRUNK	UPPERLIMBS	LOWERLIMBS	
/	1. Skull / Scalp	31. Neck	41. Finger	51. Hip	
	2. Eve	32. Back	42. Hand / Palm	52. Thigh	
	3. Ear	33. Chest	43. Forearm	53. Knee	
100	4. Mouth/ Tooth/ Lip	155 (075)	44. Elbow	54. Leg	
	5. Nose	35 Trunk	45. Upper arm	55. Ankle	
470	6. Face/ Cheek/ Chin	d Dishibilitati a manan	46. Shoulder	56. Foot / Toe	
15	o. racer chieck cann	37. Waist	47. Wrist		erInjury\OtherBodyPartInjuredSpecifica
		37. Walst	47. WIISL	oo. Onlers (specify) (***	ernjury Other Bodyr artinjureus peemea
			IDENT. (Can tick mo	e than one box) Department Form 2 with add	litional items
	[Accident Type Group]		[AccidentType <i<sup>th>]</i<sup>		ASTROCK ACCOUNTS
	1. Trapped in or	r between objects	/\ II.	Struck by moving or falling	
113		at lifting or carrying		Struck by moving vehicle /	Traffic accident
		ual handling / Handli	ng without	- AN COAS	
	machinery 3. Slip, trip or f	all on same level	13. 1	Contact with moving mach	inery or object
	. п	[WorkerFalling		being machined	
	 Fall of person 		metres 14.	Drowning or asphyxiation	
	 Striking again 	nst fixed or stationary	y object 15.	Exposure to fire / burning	
Ц		nst moving object	16.	Exposure to explosion	
	7 Stepping on c	object / nai l	17.	Dust / foreign particle in ey	ne .
	Exposure to	or contact with harm	ful substance 18.	Hand tool accident	
		gas, toxic, corrosive s	substance)		
		electricity or electric		Crushing / Burial	
	10. Trapped by c	ollapsing or overturn	ing object 20.	Machinery operation accid	ent
	o₁ ☐ Others (speci	fv)	[OtherAccidentTypeSpecifi	cation]	
	21. Utners (speci	E3236E		30	
	- -	55 Obs	-2-		

	The	info	emation to be collected is similar to Section L of L		an epa	rtment Form 2 with additional items.
_			Equipment for lifting / conveying [AgentInvo	lved <i<sup>th>]</i<sup>	ĥ	vehicle or associated equipment or machinery
	į.	H	Portable power or hand tools	11.	H	Construction formwork, shuttering & falsework
	2.	H	Other machinery (specify) [AgentInvolvedOtherMach		H	Nail, splinter or chipping
	3.	H	Material / Product being handled or stored	13.	H	Scaffolding / Gondola
	4. 5.	H	Ladder or working at height	14.	H	Excavation / Underground work
-	70	H	Sewage, manhole or other confined space	0.077.74	H	Slope
	6. 7.	H	Movable container or package of any kind	16. 17.	H	Steel bar / rod
	20	H	Floor, ground, stairs or any working surface	2.5	Н	Pipe
	8. 9	H	Gas, vapour, dust or fume	18.	Н	Others (specify) [OtherAgentInvolvedSpecification]
	10	H	Electricity supply, wiring apparatus or equipment	19.	7 - 7	
TOR	-	ب رنو	le she TVDE OF WORK DEPENDMEN her she in		J.	e at the time of ancident (Tink our box only)
T	he in	e no nfor	k the TYPE OF WORK PERFORMED by the in- mation to be collected is similar to Section N of La	jurea wa bour De	nar	timent Form 2 with additional items
[Wor	k Ty	pe P	mation to be collected is similar to Section N of La erformed Group! [WorkTypePerformed Concreting	l <i<sup>th>]</i<sup>		Electrical Winning
	58	H	Woodworking	17.	H	Material handling
	2.	H	Glazier work	0.000	H	Lift installation
	3. 4.	H	Reinforcement bar bending	18. 19.	Н	Slope work
	→ . 5.	H	Bamboo scaffolding	20	H	Mixing
	90	H	Metal scaffolding	21.	Н	Demolition
	6.	H	Painting	07570	H	Road work
	7. 8.	H	Plastering	22,	H	Exection of structural elements
1	9	H	Arc / Gas welding	24.	H	Falsework
	500	H	Formwork erection	25.	H	Surface treatment
	10. 11	H	Brick laying	26.	Н	Cutting
	12	H	Caisson work	27	H	Piling
	13	H	Trench work	28.	H	Finishing work
	14	H	Gas Pipe fitting	29	H	Others (specify) [OtherWorkTypePerformedSpecification
	15	Ħ	Water pipe fitting			Milain di tariffi a
- [Unsa	1. 2.		Group! Operating without authority Failure to secure objects	>1 11.		Failure to use eye protector Failure to use respirator
	3.	Ħ	Making safety devices inoperative	13.	П	Failure to use proper clothing
	4.		Working on moving or dangerous equipment	14.		Failure to warn others or give proper signals
	5.		Use unsafe equipment / Use equipment unsafely	15.		Horseplay
	б.		Adopting unsafe position or posture	16.		Smoking / Burning
	7.		Operating or working at unsafe speed	17.		Failure to use safety belt / harness
	8.		Unsafe loading, placing, mixing etc	18.		Failure to use gloves
	9.		Failure to use helmet .	19.		Use unsuitable access / Failure to use access
	10.		Failure to use proper footwear	20.		Lapse of attention
JARRE				21.		
K.	Plea	se ti	ck the appropriate UNSAFE CONDITION. (Can t ion Group) [UnsafeCondition<	tick more	tha	an one box)
-tonsa	IIe Co		ion Group] [UnsafeCondition≤i No protective gear	- 11.	П	Lack of warning system
	2.	Ħ	Defective protective gear	12	П	Defective tool, machinery or material
	3.	Ħ	Improper dress / footwear	13.	П	Improper stacking / storage
	4.	Ħ	Improper guarding / No guarding	14.	П	Adverse weather
	5.	Ħ	Improper ventilation	15.	ī	Inadequate working space / platform
1	6.	Ħ	Improper illumination	16.	П	Slippery area
	7.	П	Improper procedure	17	П	Inadequate tools and protective equipment
	8.	Ħ	Unsafe layout of job, traffic etc	18.	П	Others (specify) [OtherUnsafeConditionSpecification]
	9.		Unsafe process or job methods			1. 15.
	10.		Poor housekeeping			
L.	Plea	se ti	ck the appropriate PERSONAL FACTOR which o	cause the	acc	ident. (Can tick more than one box)
- [Pers	onai 1	Fact	or Group] [PersonalFactor <i attitude="" incorrect="" motive<="" td=""><td>···>] 5</td><td>П</td><td>Fatigue / Exhaustion</td></i>	···>] 5	П	Fatigue / Exhaustion
	2.	Ħ	Lack of knowledge or skill	6.	Ħ	Carelessness
-	3.	Ħ	Physical defects	7	Н	Others (specify) [OtherPersonalFactorSpecification]
	4.	Ħ	Unsafe act by another person	0.000	_	50000000000000000000000000000000000000

N. Please tick the CONSTRUCTION MACHINERY INVOLVED in the accident if only) The information to be collected is similar to Section P of Labour Department of the information of the collected is similar to Section P of Labour Department of the information to be collected in similar to Section P of Labour Department of the information to be collected in similar to Section P of Labour Department of the information to be collected in similar to Section P of Labour Department of the information to be collected in similar to Section P of Labour Department of the information to be collected in similar to Section P of Labour Department of the information to be collected in similar to Section P of Labour Department of the information to be collected in similar to Section P of Labour Department of the information to be collected in similar to Section P of Labour Department of the information to be collected in similar to Section P of Labour Department of the information to be collected in similar to Section P of Labour Department of the information to be collected in similar to Section P of Labour Department of the information to be collected in similar to Section P of Labour Department of the information to be collected in similar to Section P of Labour Department of the information to be collected in similar to Section P of Labour Department of the information to the i	rm 2. s chair sixer ssor / receiver ccify) [OtherMachineryInvolvedSpecification] appropriate. (Tick one box tr Form 2. g roller ccify)[OtherConstructionMachineryInvolvedSpecification]
The information to be collected is similar to Section O of Labour Department For [Machinery Involved Group] Machinery Involved Group Machinery Involved Group Skip / Material hoist / builders' lift	rm 2. s chair sixer ssor / receiver ccify) [OtherMachineryInvolvedSpecification] appropriate. (Tick one box tr Form 2. g roller ccify)[OtherConstructionMachineryInvolvedSpecification]
1. Skip / Material hoist / builders' lift 8. Boatswain 2. Mobile platform 9. File driver 3. Tower crane 10. Boring rig 4. Mobile crane 11. Bar bende 5. Lony-mounted crane 12. Concrete 6. Hydraulic crane 13. Air comp 7. Suspended working platform 14. Others (sp N. Please tick the CONSTRUCTION MACHINERY INVOLVED in the accident if only) The information to be collected its similar to Section P of Labour Department only) The information to be collected its similar to Section P of Labour Department 15. Grader 16. Compacting ConstructionMachineryInvolved 17. Dump truck 18. Excavator 17. Others (sp Buildozer Construction of the accident (Sections O & P need not be completed if a separate in [AccidentBriefAccount] AccidentBriefAccount P. What action(s) / measure(s) should be taken / have been taken to avoid recurrence of the complete of the accident of the accident have been taken to avoid recurrence of the complete of the complete of the accident of the accident have been taken to avoid recurrence of the complete of the complete of the accident of the accident have been taken to avoid recurrence of the complete of t	cify) Other Construction Machinery Involved Specification 2 recify) [Other Machinery Involved Specification] appropriate. (Tick one box at Form 2.
3.	cify) Other Construction Machinery Involved Specification [Other Machinery Involved Specification] [Other Machinery Involved Specification] [Other Construction Machinery Involved Specification [Other Constr
4. Mobile crane 11. Bar bende 5. Lony-mounted crane 12. Concrete r 6. Hydraulic crane 13. Air compared 7. Suspended working platform 14. Others (sp N. Please tick the CONSTRUCTION MACHINERY INVOLVED in the accident if only) The information to be collected is similar to Section P of Labour Department 1. Dump truck 5. Grader 6. Compacting ConstructionMachineryInvolved 2. Loader 6. Compacting Compacting Compacting ConstructionMachineryInvolved 7. Others (sp Bulldozer Others (sp MachineryInvolved Air Bulldozer Others (sp MachineryInvolved Others (sp Others (sp MachineryInvolved Others (sp Others (sp MachineryInvolved Others (sp	cify) Other Construction Machinery Involved Specification [Other Machinery Involved Specification] [Other Machinery Involved Specification] [Other Construction Machinery Involved Specification [Other Constr
S.	inter easor / receiver ecify) [OtherMachineryInvolvedSpecification] appropriate. (Tick one box at Form 2. g roller ecify)[OtherConstructionMachineryInvolvedSpecification]
Air comp. 13. Air comp. 14. Others (sp.	ccify) OtherMachineryInvolvedSpecification] appropriate. (Tick one box at Form 2. g roller ccify)[OtherConstructionMachineryInvolvedSpecification]
N. Please tick the CONSTRUCTION MACHINERY INVOLVED in the accident if only) The information to be collected is similar to Section P of Labour Department on truction Machinery Involved	appropriate. (Tick one box at Form 2. g roller ecify) [OtherConstructionMachineryInvolvedSpecification
onstructionMachineryInvolved 1.	g roller ecify) [OtherConstructionMachineryInvolvedSpecification
I. Dump truck 2. Loader 3. Excavator 4. Bulldozer O. Brief account of the accident (Sections O & P need not be completed if a separate not provided in the second of the accident (Sections O & P need not be completed if a separate not provided in the second of the accident (Sections O & P need not be completed if a separate not provided in the second of the accident (Sections O & P need not be completed if a separate not provided in the second of the accident (Sections O & P need not be completed if a separate not provided in the second of the accident (Sections O & P need not be completed if a separate not provided in the second of the accident (Sections O & P need not be completed if a separate not provided in the second of the accident (Sections O & P need not be completed if a separate not provided in the second of the accident (Sections O & P need not be completed if a separate not provided in the second of	g roller ecify) [OtherConstructionMachineryInvolvedSpecificati
O. Brief account of the accident (Sections O & P need not be completed if a separate not separat	cify)[OtherConstructionMachineryInvolvedSpecificati
3. Excavator 4. Bulldozer O. Brief account of the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be completed if a separate negative for the accident (Sections O & P need not be complete	a 1 2
P. What action(s) / measure(s) should be taken / have been taken to avoid recurrence of	eport has been / will be submitted.)
P. What action(5) / measure(5) should be taken / have been taken to avoid recurrence of	port has been / will be submitted.)
P. What action(s) / measure(s) should be taken / have been taken to avoid recurrence of	
[AvoidAccidentRecurrenceAction]	f similar accidents?
Q. Injury Report Form completed by:	
	mpletingPersonSignature Date*
Person [CompletingPersonName] Title Signature [CompletingPersonName]	m Dieting Person Signaturei Talla
Acknowledged by:	
ANY CARLOS SANGERS INC.	[CompletingPersonSignatureDate
Name of A/E's Representative [AcknowledgingPersonName] Signature	
(Note: * in format dd/mm/yyyy)	[CompletingPersonSignatureDate
HO GEOMETRIA	[CompletingPersonSignatureDate] knowledgingPersonSignature]
-4-	[CompletingPersonSignatureDate knowledgingPersonSignature] Date*

PDF e-form Object Name for data capture	PDF Form Description
ContractNumber	Contract Number
InjuryReferenceNumber	Ref. No. of injury
InjuredWorker\Surname	Name (surename first)
InjuredWorker\GivenName	
InjuredWorker\ImportedLabourerIndicator	Imported Labourer
InjuredWorker\Age	Age
InjuredWorker\ConstructionSiteExperience	Years of construction site experience
InjuredWorker\Gender	Sex
InjuredWorker\CurrentSiteDuration	No. of months worked at this site
Employer	Name of company / employer (if not
	principal contractor)
AccidentDate	Date of accident
AnticipatedInjurySeverity	Anticipated severity of injury
SickLeaveStartDate	Start date of sick leave (in dd/mm/yy)
SickLeaveEndDate	End date of sick leave (in dd/mm/yy)
InjuredWorkerTrade	Please tick th appropriate trade of the
	injured worker
OtherInjuredWorkerTradeSpecification	Other please specify, e.g. security staff/
	watchman
AccidentLocation	Please tick the place of accident (tick
	one box only)
OtherAccidentLocationSpecification	Others (specify)
WorkerInjury\Detail\InjuryNature	Nature of injurury incurred (1-20)
WorkerInjury\Detail\BodyPartInjured	Part of body injured (21-60)
WorkerInjury\OtherInjuryNatureSpecification	20. Others (specify)
WorkerInjury\OtherBodyPartInjuredSpecification	60. Others (specify)
Accident Type Group	Please tick the appropriate type of
AccidentType1	accident. (can tick more than one box)
AccidentType2	,
AccidentType3	
AccidentType4	
AccidentType5	
AccidentType6	
AccidentType7	
AccidentType8	
AccidentType9	
AccidentType10	
AccidentType11	
AccidentType12	
AccidentType13	
AccidentType14	
AccidentType15	
AccidentType16	
AccidentType17	
AccidentType18	
AccidentType19	
AccidentType20	
AccidentType21	
WorkerFallingHeight	
OtherAccidentTypeSpecification	Other (specify)
Agent Involved Group	Please tick the appropriate agent

The Release Notes V1.10.00 (Library of the PDF e-Form s	
PDF e-form Object Name for data capture	PDF Form Description
AgentInvolved1	involved. (can tick morethan one)
AgentInvolved2	
AgentInvolved3	
AgentInvolved4	
AgentInvolved5	
AgentInvolved6	
AgentInvolved7	
AgentInvolved8	
AgentInvolved9	
AgentInvolved10	
AgentInvolved11	
AgentInvolved12	
AgentInvolved13	
AgentInvolved14	
AgentInvolved15	
AgentInvolved16	
AgentInvolved17	
AgentInvolved18	
AgentInvolved19	
AgentInvolvedOtherMachinery	Description
OtherAgentInvolvedSpecification	Others (specify)
Work Type Performed Group	Plase tick the type of work performed
	by the injured worker at the time of
	accident. (can tick morethan one)
WorkTypePerformed1	
WorkTypePerformed2	
WorkTypePerformed3	
WorkTypePerformed4	
WorkTypePerformed5	
WorkTypePerformed6	
WorkTypePerformed7	
WorkTypePerformed8	
WorkTypePerformed9	
WorkTypePerformed10	
WorkTypePerformed11	
WorkTypePerformed12	
WorkTypePerformed13	
WorkTypePerformed14	
WorkTypePerformed15	
WorkTypePerformed16	
WorkTypePerformed17	
WorkTypePerformed18	
WorkTypePerformed19	
WorkTypePerformed20	
WorkTypePerformed21	
WorkTypePerformed22	
WorkTypePerformed23	
WorkTypePerformed24	
WorkTypePerformed25	
WorkTypePerformed26	
WorkTypePerformed27	
WorkTypePerformed28	
WorkTypePerformed29	
OtherWorkTypePerformedSpecification	Other (specify)
, orang per entermonopeementon	("

PDF e-form Object Name for data capture	PDF Form Description
Unsafe Action Group	Please tick the appropriate unsafe
UnsafeAction1	action. (can tick morethan one)
UnsafeAction2	
UnsafeAction3	
UnsafeAction4	
UnsafeAction5	
UnsafeAction6	
UnsafeAction7	
UnsafeAction8	
UnsafeAction9	
UnsafeAction10	
UnsafeAction11	
UnsafeAction12	
UnsafeAction13	
UnsafeAction14	
UnsafeAction15	
UnsafeAction16	
UnsafeAction17	
UnsafeAction18	
UnsafeAction19	
UnsafeAction20	
UnsafeAction21	
OtherUnsafeActionSpecification	Other (specify)
Unsafe Condition Group	Please tick the appropriate unsafe
UnsafeCondition1	Condition. (can tick morethan one)
UnsafeCondition2	Condition (can tien morethan one)
UnsafeCondition3	
UnsafeCondition4	
UnsafeCondition5	
UnsafeCondition6	
UnsafeCondition7	
UnsafeCondition8	
UnsafeCondition9	
UnsafeCondition10	
UnsafeCondition11	
UnsafeCondition12	
UnsafeCondition13	
UnsafeCondition14	
UnsafeCondition15	
UnsafeCondition16	
UnsafeCondition17	
UnsafeCondition18	
OtherUnsafeConditionSpecification	Other (specify)
Personal Factor Group	Please tick the appropriate personal
PersonalFactor1	factor. (can tick morethan one)
PersonalFactor2	factor. (can tick moretian one)
PersonalFactor3	
PersonalFactor4	
PersonalFactor5	
PersonalFactor6	
PersonalFactor7	
	Other (specify)
OtherPersonalFactorSpecification	Other (specify)
Machinery Involved Group	Please tick the machinery involved in

PDF e-form Object Name for data capture	PDF Form Description
MachineryInvolved1	the accident. (can tick morethan one)
MachineryInvolved2	
MachineryInvolved3	
MachineryInvolved4	
MachineryInvolved5	
MachineryInvolved6	
MachineryInvolved7	
MachineryInvolved8	
MachineryInvolved9	
MachineryInvolved10	
MachineryInvolved11	
MachineryInvolved12	
MachineryInvolved13	
MachineryInvolved14	
OtherMachineryInvolvedSpecification	Other (specify)
ConstructionMachineryInvolved	Please tick the machinery involved in
	the accident. (can tick one box)
OtherConstructionMachineryInvolvedSpecification	Other (specify)
AccidentBriefAccount	Brief Account of accident
AvoidAccidentRecurrenceAction	What action(s) / Measure(s)
CompletingPersonName	Name
CompletingPersonTitle	Post Title
CompletingPersonSignature	Signature
CompletingPersonSignatureDate	Date
AcknowledgingPersonName	Name of A/E's Representative
AcknowledgingPersonSignature	Signature
AcknowledgingPersonSignatureDate	Date

3.6 WDD – 4.1 – 1.0 Construction Accident Statistics Monthly Summary

(Construction Accident [for the month ending	t Statistics Monthly S portingMonth] [ReportingYear]	ummary
	[18]	7-7-1	()]
		before the 15th day of each month)	[PeasLastSummaryIndicator]
A. If this is the last	summary of the contract for entry	of data into the PCAS system, pleas	e tick the box
B. Please tick your	DEPARTMENT		
1. Archs 2. CEDD	3. DSD 4. BMSD	5. Hyd	7. WSD [ClientOrganization]
Office	[ClientOffice]	Division [Client	Division]
C. Contract No. :	[ContractNumber]	This Month	Cumulative Total
D. Number of fatal	accidents	[FatalAccidentCour	<u>t]</u>
E. Number of dange	erous occurrences	[DangerousOccurrenceCoun	<u>d</u>
F. Number of repor	table accidents (with incapacity for	mo [CurrentMonthReportableAccidentCour	tt [CumulativeTotalReportableAccidentCo
G. No. of man-day	lost (i) due to accident(s) occum	ed in this month [CurrentMonthAccident	LostManDay]
	(ii) due to accident(s) of pre	[PreviousAccidentCurrentMonthLostManDay	PreviousAccidentCumulativeTotalLostM
H. No. of Form 2B	submitted to LD (with incapacity o	f 3 days or less) [SubmittedForm2bCoun	g
I. Number of LD is	ispection conducted	[LdInspectionCoun	1
J. Number of Impr	ovement Notice(s) issued by LD	[CurrentMonthImprovementNoticeCoun	[CumulativeTotalImprovementNoticeCo
K. Number of Susp	ension Notice(s) issued by LD	[CurrentMonthSuspensionNoticeCount	[CumulativeTotalSuspensionNoticeCoun
L. Sum certified (in		[CurrentMonthCertifiedSun	[CumulativeTotalCertifiedSum]
	-days and man-hours worked by Tra to the Census and Statistics Depar		17.1
General worker	그렇게 있었다. 이번 맛있게 되어 되어 나가 되었는 4. 하다	Alama wit	C (Attentive columns)
General Worker		[ExcavatorEffortManDa	87
M	5. Labourer	[LabourerEffortManDa	
Management Tradesman	11. Manager / General Foreman /		[ManagementManHour]
Tradesman	21. Bamboo scaffolder	[BambooScaffolderEffort\ManDay	· ()
	22. Bar bender and fixer	[BarBenderFixerEffort\ManDay	- ()
	23. Bricklayer	[BricklayerEffortManDay	<u> </u>
		eElectricalMechanicalWorkerEffortManDay	- X-
	25. Carpenter	[CarpenterEffort\ManDay	
	27. Concretor	[ConcretorEffortManDay	- K !
	28. Plant mechanic / Fitter	[PlantMechanicFitterEffort\ManDay	
	30. Drainlayer / Mainlayer	[DrainlayerMainlayerEffort\ManDay	[DrainlayerMainlayerEffort\ManHour]
	32. General welder	[GeneralWelderEffort\ManDay	[GeneralWelderEffort\ManHour]
	37. Metal worker	[MetalWorkerEffort\ManDay	[MetalWorkerEffort\ManHour]
	42. Plant & equipment operator	[PlantEquipmentOperatorEffortManDay	[PlantEquipmentOperatorEffort\ManH
	46. Plasterer	[PlastererEffort\ManDay	[PlastererEffort\ManHour]
	47. Plumber	[PlumberEffort\ManDay	[PlumberEffortManHour]
	48. Pneumatic driller	[PneumaticDrillerEffortManDay	[PneumaticDrillerEffortManHour]
	49. Rigger / Metal formwork er	kiggerMetalFormworkErrectorEffort\ManDa	[PlastererEffortManHour]
	52. Tunnel worker	[TunnelWorkerEffort\ManDay	[TunnelWorkerEffortManHour]
	60. Others not included in the abo	ove [OtherEffort/ManDay] [OtherEffort\ManHour]
	1	Total of [CurrentMonthTotalEffortManDa	[CurrentMonthTotalEffort\ManHour]
	Cumulative total since contra	ct comme CumulativeTotalEffortManDa	v] [CumulativeTotalEffort\ManHour]
whenever there	ubmit the Employees Compens was fatal and/or non-fatal accid f all injury cases under the sam	dent happened for the contract	

PDF e-form Object Name for data capture	PDF Form Description
, <u>x</u>	1
ReportingMonth	For the month ending (mm)
ReportingYear	For the month ending (yy)
PcasLastSummaryIndicator	If this is the last summary of the contract
	for entry of data into the PCAS system,
	please tick the box
ClientOrganization	Please tick your Department
ClientOffice	Office
ClientDivision	Division
ContractNumber	Contract No
FatalAccidentCount	Number of fatal accidents
DangerousOccurrenceCount	Number of dangerous occurrences
CurrentMonthReportableAccidentCount	Number of reportable accidents
CurrentMonthAccidentLostManDay	No. of man-day lost (i) due to accident(s)
-	occurred in this month
PreviousAccidentCurrentMonthLostManDay	No. of man-day lost (ii) due to accident(s)
,	of previous months
SubmittedForm2bCount	No. of Form 2B submitted to LD
LdInspectionCount	Number of LD inspection conducted
CurrentMonthImprovementNoticeCount	Number of Improvement Notice(s) issued
	by LD
CurrentMonthSuspensionNoticeCount	Number of Suspension Notice(s) issued
	by LD
CurrentMonthCertifiedSum	Sum certified
CumulativeTotalReportableAccidentCount	Number of reportable accidents
PreviousAccidentCumulativeTotalLostManDay	No. of man-day lost (ii) due to accident(s)
	of previous months
CumulativeTotalImprovementNoticeCount	Number of Improvement Notice(s) issued
	by LD
CumulativeTotalSuspensionNoticeCount	Number of Suspension Notice(s) issued
	by LD
CumulativeTotalCertifiedSum	Sum certified
ExcavatorEffort.ManDay	Excavator
LabourerEffort.ManDay	Labourer
BambooScaffolderEffort.ManDay	Bamboo scaffolder
BarBenderFixerEffort.ManDay	Bar bender and fixer
BricklayerEffort.ManDay	Bricklayer
BuildingServiceElectricalMechanicalWorkerEffo	Building services / E&M worker
rt.ManDay	
CarpenterEffort.ManDay	Carpenter
ConcretorEffort.ManDay	Concretor
PlantMechanicFitterEffort.ManDay	Plant mechanic / Fitter
DrainlayerMainlayerEffort.ManDay	Drainlayer / Mainlayer
GeneralWelderEffort.ManDay	General welder
MetalWorkerEffort.ManDay	Metal worker
PlantEquipmentOperatorEffort.ManDay	Plant & equipment operator
PlastererEffort.ManDay	Plasterer
PlumberEffort.ManDay	Plumber
PneumaticDrillerEffort.ManDay	Pneumatic driller

TunnelWorkerEffort.ManDay OtherEffort.ManDay Others not included in the above CurrentMonthTotalEffort.ManDay Total of this month CumulativeTotalEffort.ManDay Cumulative total since contract commencement ExcavatorEffort.ManHour Excavator LabourerEffort.ManHour Labourer ManagementManHour Bamboo ScaffolderEffort.ManHour BarbenderFixerEffort.ManHour Bricklayer BuildingServiceElectricalMechanicalWorkerEffor rt.ManHour Carpenter ConcretorEffort.ManHour Plant mechanic / Fitter DrainlayerMainlayerEffort.ManHour DrainlayerMainlayerEffort.ManHour Plant mechanic / Fitter DrainlayerMainlayerEffort.ManHour Plant worker PlantEquipmentOperatorEffort.ManHour Plant & equipment operator Plasterer Plumber PneumaticDrillerEffort.ManHour PneumaticDrillerEffort.ManHour PneumaticDrillerEffort.ManHour TunnelWorkerEffort.ManHour Total of this month Cumulative total since contract	RiggerMetalFormworkErrectorEffort.ManDay	Rigger / Metal formwork errector
OtherEffort.ManDay CurrentMonthTotalEffort.ManDay CumulativeTotalEffort.ManDay CumulativeTotalEffort.ManDay CumulativeTotalEffort.ManDay Cumulative total since contract commencement ExcavatorEffort.ManHour Excavator LabourerEffort.ManHour Labourer ManagementManHour Manager / General Foreman / Ganger BambooScaffolderEffort.ManHour BarBenderFixerEffort.ManHour BricklayerEffort.ManHour BricklayerEffort.ManHour Bricklayer BuildingServiceElectricalMechanicalWorkerEffo rt.ManHour Carpenter ConcretorEffort.ManHour CarpenterEffort.ManHour Plant mechanic / Fitter DrainlayerMainlayerEffort.ManHour Drainlayer / Mainlayer GeneralWelderEffort.ManHour PlantEquipmentOperatorEffort.ManHour PlantEquipmentOperatorEffort.ManHour PlantEquipmentOperatorEffort.ManHour Plantereffort.ManHour Plantereffort		
CurrentMonthTotalEffort.ManDay CumulativeTotalEffort.ManDay CumulativeTotalEffort.ManDay Cumulative total since contract commencement ExcavatorEffort.ManHour Excavator LabourerManagementManHour Manager / General Foreman / Ganger BambooScaffolderEffort.ManHour BarbooScaffolderEffort.ManHour BarbenderFixetEffort.ManHour BricklayerEffort.ManHour BricklayerEffort.ManHour BricklayerEffort.ManHour Bricklayer BuildingServiceElectricalMechanicalWorkerEffo rt.ManHour CarpenterEffort.ManHour CarpenterEffort.ManHour ConcretorEffort.ManHour PlantMechanicFitterEffort.ManHour DrainlayerMainlayerEffort.ManHour GeneralWelderEffort.ManHour PlantEquipmentOperatorEffort.ManHour PlantEquipmentOperatorEffort.ManHour Plasterer PlumberEffort.ManHour Plumber PneumaticDrillerEffort.ManHour PneumaticDrillerEffort.ManHour PneumaticDrillerEffort.ManHour PneumaticDrillerEffort.ManHour TunnelWorkerEffort.ManHour OtherSnot included in the above CurrentMonthTotalEffort.ManHour CumulativeTotalEffort.ManHour Cumulative total since contract	,	Others not included in the above
Cumulative TotalEffort.ManDay Cumulative total since contract commencement ExcavatorEffort.ManHour LabourerEffort.ManHour ManagementManHour BambooScaffolderEffort.ManHour BarBenderFixerEffort.ManHour Bricklayer BuildingServiceElectricalMechanicalWorkerEffort.ManHour CarpenterEffort.ManHour CarpenterEffort.ManHour CarpenterEffort.ManHour CarpenterEffort.ManHour CarpenterEffort.ManHour ConcretorEffort.ManHour CarpenterEffort.ManHour CarpenterEffort.ManHour CarpenterEffort.ManHour CarpenterEffort.ManHour CarpenterEffort.ManHour DrainlayerMainlayerEffort.ManHour GeneralWelderEffort.ManHour MetalWorkerEffort.ManHour PlantEquipmentOperatorEffort.ManHour Plasterer PlumberEffort.ManHour Plasterer PlumberEffort.ManHour Plumber PneumaticDrillerEffort.ManHour RiggerMetalFormworkErrectorEffort.ManHour Rigger / Metal formwork errector TunnelWorkerEffort.ManHour Others not included in the above CurrentMonthTotalEffort.ManHour Cumulative total since contract	•	
ExcavatorEffort.ManHour Excavator LabourerEffort.ManHour ManagementManHour BambooScaffolderEffort.ManHour BarBenderFixerEffort.ManHour BricklayerEffort.ManHour BuildingServiceElectricalMechanicalWorkerEffort.ManHour CarpenterEffort.ManHour CarpenterEffort.ManHour PlantMechanicFitterEffort.ManHour ConcretorEffort.ManHour CarpenterEffort.ManHour CarpenterEffort.ManHour CarpenterEffort.ManHour Plant mechanic / Fitter DrainlayerMainlayerEffort.ManHour General WelderEffort.ManHour MetalWorkerEffort.ManHour PlantEquipmentOperatorEffort.ManHour PlastererEffort.ManHour Plumber PlumberEffort.ManHour Plumber PneumaticDrilleEffort.ManHour RiggerMetalFormworkErrectorEffort.ManHour Tunnel Worker OtherEffort.ManHour Others not included in the above CurrentMonthTotalEffort.ManHour Cumulative total since contract		Cumulative total since contract
Labourer	·	commencement
ManagementManHourManager / General Foreman / GangerBambooScaffolderEffort.ManHourBamboo scaffolderBarBenderFixerEffort.ManHourBar bender and fixerBricklayerEffort.ManHourBricklayerBuildingServiceElectricalMechanicalWorkerEffort.ManHourBuilding services / E&M workerCarpenterEffort.ManHourCarpenterConcretorEffort.ManHourConcretorPlantMechanicFitterEffort.ManHourPlant mechanic / FitterDrainlayerMainlayerEffort.ManHourDrainlayer / MainlayerGeneralWelderEffort.ManHourGeneral welderMetalWorkerEffort.ManHourMetal workerPlantEquipmentOperatorEffort.ManHourPlant & equipment operatorPlastererEffort.ManHourPlastererPlumberEffort.ManHourPlumberPneumaticDrillerEffort.ManHourPneumatic drillerRiggerMetalFormworkErrectorEffort.ManHourRigger / Metal formwork errectorTunnelWorkerEffort.ManHourTunnel workerOthers not included in the aboveCurrentMonthTotalEffort.ManHourTotal of this monthCumulativeTotalEffort.ManHourCumulative total since contract	ExcavatorEffort.ManHour	Excavator
BambooScaffolderEffort.ManHour BarBenderFixerEffort.ManHour BricklayerEffort.ManHour BuildingServiceElectricalMechanicalWorkerEffo rt.ManHour CarpenterEffort.ManHour CarpenterEffort.ManHour ConcretorEffort.ManHour ConcretorEffort.ManHour CarpenterEffort.ManHour ConcretorEffort.ManHour Plant mechanic / Fitter DrainlayerMainlayerEffort.ManHour Drainlayer / Mainlayer GeneralWelderEffort.ManHour General welder MetalWorkerEffort.ManHour PlantEquipmentOperatorEffort.ManHour PlastererEffort.ManHour PlastererEffort.ManHour PlumberEffort.ManHour PlumberEffort.ManHour PneumaticDrillerEffort.ManHour PneumaticDrillerEffort.ManHour RiggerMetalFormworkErrectorEffort.ManHour RiggerMetalFormworkErrectorEffort.ManHour Tunnel worker OtherEffort.ManHour Others not included in the above CurrentMonthTotalEffort.ManHour CumulativeTotalEffort.ManHour Cumulative total since contract	LabourerEffort.ManHour	Labourer
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CarpenterEffort.ManHour ConcretorEffort.ManHour PlantMechanicFitterEffort.ManHour DrainlayerMainlayerEffort.ManHour GeneralWelderEffort.ManHour MetalWorkerEffort.ManHour PlantEquipmentOperatorEffort.ManHour PlastererEffort.ManHour PlumberEffort.ManHour PlumberEffort.ManHour PlumberEffort.ManHour PneumaticDrillerEffort.ManHour PneumaticDrillerEffort.ManHour RiggerMetalFormworkErrectorEffort.ManHour RiggerMetalFort.ManHour OtherEffort.ManHour OtherS not included in the above CurrentMonthTotalEffort.ManHour CumulativeTotalEffort.ManHour Cumulative total since contract	BuildingServiceElectricalMechanicalWorkerEffo	Building services / E&M worker
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MetalWorkerEffort.ManHourMetal workerPlantEquipmentOperatorEffort.ManHourPlant & equipment operatorPlastererEffort.ManHourPlastererPlumberEffort.ManHourPlumberPneumaticDrillerEffort.ManHourPneumatic drillerRiggerMetalFormworkErrectorEffort.ManHourRigger / Metal formwork errectorTunnelWorkerEffort.ManHourTunnel workerOtherS not included in the aboveCurrentMonthTotalEffort.ManHourTotal of this monthCumulativeTotalEffort.ManHourCumulative total since contract	DrainlayerMainlayerEffort.ManHour	i i
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Plumber PneumaticDrillerEffort.ManHour PneumaticDrillerEffort.ManHour RiggerMetalFormworkErrectorEffort.ManHour Rigger / Metal formwork errector TunnelWorkerEffort.ManHour Tunnel worker OtherEffort.ManHour Others not included in the above CurrentMonthTotalEffort.ManHour Total of this month CumulativeTotalEffort.ManHour Cumulative total since contract	1 1 1	Plant & equipment operator
PneumaticDrillerEffort.ManHour Pneumatic driller RiggerMetalFormworkErrectorEffort.ManHour Rigger / Metal formwork errector TunnelWorkerEffort.ManHour Tunnel worker OtherEffort.ManHour Others not included in the above CurrentMonthTotalEffort.ManHour Total of this month CumulativeTotalEffort.ManHour Cumulative total since contract		
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CumulativeTotalEffort.ManHour Cumulative total since contract		
	CurrentMonthTotalEffort.ManHour	Total of this month
1	CumulativeTotalEffort.ManHour	Cumulative total since contract
commencement		commencement

3.7 WDD – 4.2 – 1.0 (Employees Compensation Summary)

	Employees Compe				th of	ortingMonth]	/	(mm/yy)	
	(To be submitted	on quarterly basis un	til settlement of co	mpensation of all	injury cases	s under the s	ame contra	et)		
Contract No.	[ContractNumber]			Comple	eted by: N	ame of Per	son	[Completing	gPersonName]	
Contract Title :	[Contract	Title]			Co	ontact Tel.	No.	[CompletingPerso	nTelephoneNumber]	
EmployeeCompensation]				**		tIncapacityPo				**
Ref.	Name of Injured Person	Date* of	End Date* of	No. of Man-day	Percentage (PI) Finali	of Permaner zed by LD(P	t Incapacity lease tick)	Compensation Paid (HK \$)		\$)
No.	Name of injured Person	Injury	Injury Sick Leave	Lost	0%	<=5%	>5%	Sick Leave	Compensation (PI)	Total
[ReferenceNumber]	[InjuredEmployeeName]	[InjuryDate]	1	[ManDayLost]			☐ [Paid	SickLeaveCompen	sation] \	[TotalPaidCom
		[Sie	ckLeaveEndDate]					[PaidPerm	uanentIncapacityCon	pensation]
									2	
Y			EV.						EV.	
									7	
									7	
in format dd/mm/yy							3 5		3	

PDF e-form Object Name for data capture	PDF Form Description
ReportingMonth	Employees Compensation Summary as at
	the month (mm)
ReportingYear	Employees Compensation Summary as at
	the month (yy)
ContractNumber	Contract No
ContractTitle	Contract Title
CompletingPersonName	Completed by: Name of Person
CompletingPersonTelephoneNumber	Contact Tel. No
EmployeeCompensation.ReferenceNumber	Ref No
EmployeeCompensation.InjuredEmployeeName	Name of Injured Person
EmployeeCompensation.SickLeaveEndDate	Date of Injury
	End Date of Sick Leave
SickLeaveEndDate.ManDayLost	No. of Man-day Lost
PermanentIncapacityPercentage	Percentage of Permanent Incapacity(PI)
	Finalized by LD (Please tick)
	(0%, <=5%, >5%)
PaidSickLeaveCompensation	Sick Leave
PaidPermanentIncapacityCompensation	Compensation (PI)
TotalPaidCompensation	Total

3.8 WDD – 4.3 – 1.0 (Preliminary Accident Report)

				VIII(Ver.Sep.99)
To:	[Recipient]	Appendix VIII		
		Urgent by Fa	<u>ıx</u>	
		and the second s	artment	
1	Contract No : [Contra	reliminary Report on A	Accident	
2	Contract Title : [Cont			
3	55-5-5	ALL CONTROL OF THE PARTY OF THE		
	Name of Contractor :			
4	Location of Accident :	[AccidentLocation]		
5	Date and Time of Acci	ident : [AccidentDateTime		
6	Nature and Brief Accor	unt of Accident (with a sk	etch) : [AccidentNatu	reBriefAccount]
	Attached filename of t	he sketch : [Sketch]		
7	Number of Person(s) I	njured/killed : [InjuredDe	eceasedWorkerCount]	
8	Name [Name]	Person(s) injured/killed : Age [Age] cceasedWorker]	Name	Age
9 10	The state of the s	or extent of damages : [In	* ACCUPATION THE OCCUPATION TO ACCUPATION ASSESSMENT	
11	Measures introduced (o site if established : [AvoidAccidentRecurrer	or to be introduced) to pre	vent recurrence of sin	milar accidents on
12	Effect of accident on p [AffectedWorksProgress			
13		ached (Yes/No) : [ContractorRe		icator]
14	Any other information	: [Remark]		
Repor	ted By :	-		
	ingPersonName]	[ReportingPersonTele	phoneNumber] ReportingPersonS	[ReportingPersonSignat
-		ost Tel. No.	Signature	Date
		1		
		+		

PDF e-form Object Name for data capture	Title/Description on PDF Form
Recipient	То
Client	Department
ContractNumber	Contact No
ContractTitle	Contract Title
Contractor	Name of Contractor
AccidentLocation	Location of Accident
AccidentDateTime	Date and Time of Accident
AccidentNatureBriefAccount	Nature and Brief Account of Accident (with
	a sketch)
Sketch	Attached filename of the sketch
InjuredDeceasedWorkerCount	Number of Person(s) Injured/killed
InjuredDeceasedWorker	Name(s) and Age(s) of Person(s)
	injured/killed
InjuredDeceasedWorker\Name	Name
InjuredDeceasedWorker\Age	Age
InjurySeriousnessDamageExtent	Seriousness of Injury, or extent of damages
AccidentProbableCause	Probable cause of the accident (if
	established)
AvoidAccidentRecurrenceMeasure	Measures introduced (or to be introduced)
	to prevent recurrence of similar accidents on
	site if established
AffectedWorksProgress	Effect of accident on progress of works
ContractorReportAttachedIndicator	Contractor's report attached (Yes/No)
ContractorReport	Attached filename of the report
Remark	Any other information
ReportingPersonName	Name
ReportPersonTitle	Post
ReportPersonTelephoneNumber	Tel. No.
ReportPersonSignature	Signature
ReportPersonSignatureDate	Date

3.9 WDD – 4.4 – 1.0 (Fatal Accident Supplementary Information)

					X (Ver. Feb 2003)			
	Appe		ENT BY FAX	for Fatal Accid	ent			
	TO: CAS(W)5, ETWB		FROM: [SenderName		(name)			
	FAX: 2882 7152		[SenderTitle]		erOrganization]			
	DATE: [ReportDate]			NO.: honeNumber]				
	Information of the Co	ontract ontractNumber]						
	Contract Title:		ontractEnglishTitle]	8	(in English)			
	Information of the A		ontractChineseTitle]		(in Chinese)			
	Date of Accident :	[Acciden						
	Name of Deceased :	[English]	Vision Company	[ChineseName] (in Chinese)				
	Age:	(in Eng [Age		(in Chinese)				
	Information of the next of kin: Name: [Name] (in Chinese if the Deceased was of Chinese ethnic group)							
[NextKin]	Relationship with the Deceased : [Relationship] [DeceasedWorker							
	Address : [Address]							
	(in Chinese if the Deceased was of Chinese ethnic group)							
	Contact Tel. No. : [TelephoneNumber]							
	Number of Children: Age below 18 [MinorChildCount] Age 18 or above [AdultChildCount]							
	Signature: [Digital	Signature]						
	c.c. Departmental Safety Adviser, [CcOrganization] Department							
1								

PDF e-form Object Name for data capture	Title/Description on PDF Form				
SenderName	FROM				
SenderTitle	FAX				
SenderOrganization	POST and DEPARTMENT				
ReportDate	DATE				
SenderTelephoneNumber	TEL. NO.				
ContractNumber	Contract No.				
ContractEnglishTitle	Contract Title (in English)				
ContractChineseTitle	(in Chinese)				
AccidentDate	Date of Accident				
DeceasedWorker\EnglishName	Name of Deceased (in English)				
DeceasedWorker\ChineseName	(in Chinese)				
DeceasedWorker\Age	Age				
DeceasedWorker\NextKin	Information of the next of kin				
DeceasedWorker\NextKin\Name	Name				
DeceasedWorker\NextKin\Relationship	Relationship with the Deceased				
DeceasedWorker\NextKin\Address	Address				
DeceasedWorker\NextKin\TelephoneNumbe	Contact Tel. No.				
r					
DeceasedWorker\NextKin\MinorChildCount	Age below 18				
DeceasedWorker\NextKin\AdultChildCount	Age 18 or above				
DigitalSignature	Signature				
CcOrganization	c.c. Departmental Safety Adviser				

3.10 WDD - 4.5 - 1.0 (Dangerous Occurrence Report)

DANGEROUS OCCURENCE REPORT FORM

呈報危險事故表格

To : The Commissioner for Labour, Hong Kong

致 : 香港勞工處處長

In accordance with Regulation 18 of the Factories and Industrial Undertakings Regulations, details of a dangerous occurrence are submitted below :-

現根據工廠及工業經營規例第十八條,謹向 貴處呈報以下之危險事故:-

Name and address of Industrial Undertaking 工業經營的名稱及地址	[IndustrialUndertakingNameAddress]
Date and Time of the Dangerous Occurrence 危險事故發生的日期及時間	[DangerousOccurrenceDateTime]
Nature of the Dangerous Occurrence 危險事故的性質	[DangerousOccurrenceNature]
Circumstances 事故發生的現場情況	[Circumstance]
Structural/Plant Damage 樓字、機器或設備受損壞的程度	[StructuralPlantDamage]
Casualties * 有沒有人受傷	☐ [CasualtyIndicator]
Extent of Work Suspended 工作停止程度	[SuspendedWorkExtent]

* In case of injury, the accident reporting form (Form II) must be followed within seven days. 如有工人受傷,必須於危險事故發生後七天內以表格第二款向勞工處呈報。

Signature

簽署 [ReportingPersonSignature]

Position

職 位 [ReportingPersonTitle]

Date

日期 [ReportingPersonSignatureDate]

Note : This form must be sent to the Commissioner for Labour within 24 hours of a Dangerous Occurrence.

註 :此表格必須於危險事故發生後二十四小時內向勞工處職業安全主任呈報。

OS-F-DO

[CompanySignature]

(CHOP OF COMPANY)

(公司蓋印)

PDF e-form Object Name for data capture	Title/Description on PDF Form
IndustrialUndertakingNameAddress	Name and address of Industrial Undertaking
DangerousOccurrenceDateTime	Date and Time of the Dangerous
	Occurrence
DangerousOccurrenceNature	Nature of the Dangerous Occurrence
Circumstance	Circumstances
StructuralPlantDamage	Structural/Plant Damage
CasualtyIndicator	Casualties
SuspendedWorkExtent	Extent of Work Suspended
ReportingPersonSignature	Signature
ReportingPersonTitle	Position
ReportingPersonSignatureDate	Date
CompanySignature	CHOP OF COMPANY

3.11 WDD - 4.6 - 1.0 (Shipping Casualty Report)

	C9-AIII (Ver. Sep.99)
	REPORT OF A SHIPPING CASUALTY
	PURSUANT TO SECTION 67 OF THE SHIPPING AND PORT CONTROL ORDINANCE (CAP. 313)
1.	Type of accident; (enter "Collision", "Grounding", "Foundering", "Fire", etc.) [AccidentType] [OtherAccidentTypeSpecification]
2.	Name of Vessel [Name]
3.	Type of vessel (enter "Passenger", "Cargo", "Container", "Bulk", "Tanker", etc.)
	[Type] [OtherTypeSpecification]
4.	(i) Port of registry/ [RegistryPort] (ii) Nationality : [Nationality] [OwnVessel]
	Licence No. [LicenceNumber]
	(iii) G.T. [GrossTon] (iv) Condition: [Condition]
5.	(i) Name of master : [Name] (ii) Nationality : [Nationality] [OwnVesselMaster]
	(iii) Certificate No. [CertificateNumber] (iv) Issuing authority : [CertificateIssuingAuthority
6.	Name of H.K. licenced pilot : [HongKongLicencedPilot]
7.	Date and time of accident: [AccidentDateTime]
8.	Position where accident occurred : [AccidentPosition]
9.	Name/s of other vessel/s involved : [OtherInvolvedVesselName]
10.	(i) Direction and Force of tide : (ii) Direction and Force of wind :
	[TideDirection] [TideForce] [WindDirection] [WindForce]
11.	(i) State of weather: [WeatherState] (ii) Visibility: [Visibility]
12.	Lights exhibited by own ship: (if applicable) [OwnVesselExhibitedLight]
13.	Lights exhibited by other vessel: [OtherVesselExhibitedLight]
14.	Details of sound signals given by own ship: (if applicable) [OwnVesselSoundSignal]
15.	Details of sound signals given by other vessel: [OtherVesselSoundSignal]
16.	Course and speed of own ship on first sighting other vessel, pier, shore or buoy with which collision occurred:
	[OwnVesselCourseSpeedFirstSightingCollidedObject]

17.	Distance and bearing of other vessel, pier, shore or buoy when first sighted : [CollidedObjectFirstSightedDistanceBearing]
18.	Description of damage of own ship or to other property : [Damage]
19.	Account of accident, with remarks as to cause and avoiding action taken : [AccidentAccount]
20.	Signature, full name, designation and address of person providing the above information :
20.	Signature, full name, designation and address of person providing the above information : [ReportingPersonSignature] [ReportingPersonName] [ReportingPersonTitle] Signature Full Name Designation Address: [ReportingPersonAddress]
20.	[ReportingPersonSignature] [ReportingPersonName] [ReportingPersonTitle] Signature Full Name Designation Address:

PDF e-form Object Name for data capture	Title/Description on PDF Form			
AccidentType	Type of accident; (enter "Collision",			
31	"Grounding", "Foundering", "Fire", etc.)			
OtherAccidentTypeSpecification	<i>y</i> ,,			
Name	Name of Vessel			
OwnVessel\Type	Type of vessel (enter "Passenger", "Cargo",			
1 31	"Container", "Bulk", "Tanker", etc.)			
OwnVessel\OtherTypeSpecification				
OwnVessel\RegistryPort	Port of registry			
OwnVessel\LicenceNumber	Licence No.			
OwnVessel\Nationality	Nationality			
OwnVessel\GrossTon	G.T.			
OwnVessel\Condition	Condition			
OwnVesselMaster\Name	Name of master			
OwnVesselMaster\Nationality	Nationality			
OwnVesselMaster\CertificateNumber	Certificate No.			
OwnVesselMaster\CertificateIssuingAuthorit	Issuing Authority			
у				
HongKongLicencedPilot	Name of H.K. licenced pilot:			
	(if applicable)			
AccidentDateTime	Date and time of accident			
AccidentPosition	Position where accident occurred			
OtherInvolvedVesselName	Name/s of other vessel/s involved			
TideDirection	Direction and Force of tide			
TideForce				
WindDirection	Direction and Force of wind			
WindForce				
WeatherState	State of weather			
Visibility	Visibility			
OwnVesselExhibitedLight	Lights exhibited by own ship:			
	(if applicable)			
OtherVesselExhibitedLight	Lights exhibited by other vessel:			
	(if applicable)			
OwnVesselSoundSignal	Details of sound signals given by own ship:			
0.1 17 10 10: 1	(if applicable)			
OtherVesselSoundSignal	Details of sound signals given by other			
	vessel:			
Over Vessel Course Cree dElect Clabelle a Call 1	(if applicable)			
OwnVesselCourseSpeedFirstSightingCollide	Course and speed of own ship on first			
dObject	sighting other vessel, pier, shore or buoy			
CollidedObjectFirstSightedDistanceBearing	with which collision occurred: Distance and bearing of other vessel, pier,			
Confidence of the state of the s	shore or buoy when first sighted:			
Damage	Description of damage of own ship or to			
Dumage	other property:			
AccidentAccount	Account of accident, with remarks as to			
11010000	cause and avoiding action taken:			
ReportingPersonSignature	Signature			
ReportingPersonName	Full Name			
ReportingPersonTitle	Designation			
ReportingPersonAddress	Address			
roporting orboni iddicas	11441000			

Danarting Darson Cianatura Data	Doto
ReportingPersonSignatureDate	Date

3.12 WDD - 4.7 - 1.0 (Death Incapacity Notice)

	EMILOTEES C	COMPENSATION ORI (CAP. 282)	DINANCE	
		SECTION 15		
		R OF THE DEATH OI LOYEE RESULTING		
To the Commissioner for I	abour			
I declare that the information	n given in this form is, to	the best of my knowledge	e, true and accurat	e.
Signature : [Reportin	ngPersonSignature1	(for and on behalf o	of the employer)	
Name (in block letters):			i the employer)	
the many the second state of the second state	proprietor	Partner P	mid 1	
		Officer [ReportingPerso	100	
Date : [ReportingPersons	SignatureDate]			CompanySignature] o of Company (Note 1)
A. Particulars of the em	nlovee	>Part I≺	Cho	yor company (voic 1)
Name of employee (Surnam	•	[GivenName]		Identity Card/Passport No. [HkidPassportNumber]
Telephone No. [TelephoneNumber]	Fax No. [FaxNumber]	Address [Address]		[InjuredDecease
Date of Birth [Birthday]	Sex [Gender]	Occupation [Occupation]		An apprentice [ApprenticeIndicator]
Day/Month/Year	Male Female	[Occupation]		Yes No
B. Particulars of employ	ver			
Name of employing compar [Name]	y/person		(Note 2)	gistration Certificate No. egistrationNumberHkidl
[TelephoneNumber]	dress		Trade	[E
Fax No. [Action [Actio	ddress]		[Trade]	
C. Particulars of princip	oal contractor/holding o	company (Note 3)		
Name of principal contracto	r/holding company		Business Re	gistration Certificate No.
[Name]			[HkBusines	ssRegistrationNumber]
[TelephoneNumber]	dress		1000	ncipalContractorHolding
Fax No. [Ac [FaxNumber]	ldress]		[Trade]	
 D. Description of accide 	17000			
	appened and state what the	he employee was doing at	the time (Note	0
Describe how the accident h [Description]			R	esult of accident
[Description] State whether the accident occurred in the course of wo	Date of accident [Ac	Time of accident ccidentDateTime]	122	Death Injury
[Description] State whether the accident occurred in the course of world yes No	Day/Month/Year	ccidentDateTime]	- [ResultIndicator]
[Description] State whether the accident occurred in the course of wo	Day/Month/Year	ccidentDateTime]	clinic where the e	

Name and address of insurance company the insurance policy)	at the time of accident (Please ref	er to Policy No).
[InsuranceCompanyNameAddress]		[PolicyN	[umber]
T. Details of earnings of the employ	ee		
Average number of working days per mo	onth Rest day is	NOT, 7291 TS 7, 1	
☐ 22 ☐ 24 ☐ 26		idRestDayIndic	
Others [OtherAverageMonthlyWor	rkingDayCountSpecification]		paid [FixedRestDay]
(please specify) [AverageMonthlyWorkingDay		ot fixed f edRestDayIndio	D C 1
Details of earnings per month for the mo		e of accident: (Note 6)
		[MonthlyB	asicSalary1
(a) Basic salary/wages		\$	/ month
(b) Food allowances/value of free food	provided by employer	[MonthlyFo	oodAllowance]
	[Type] [OtherEarn		[]
(c) Other items : (please specify)	[Type]	\$, mond
Total	(a) + (b) + (c)	[TotalMor	nthlyEarning] / month
Total	(a) + (b) + (c)	4	[InjuredDeceasedWork
preceding the accident were G. Fatal accident (to be completed with the complete	where accident results in death) Name and address of next-of-kin		rerageMonthlyEarning / month
Yes [PoliceStation] (name of police station)	employee	of the decensed	deceased employee [Fata
□ No [PoliceNotifiedIndicator]	[WorkerNextKinNameAddre	ss]	Telephone No. [WorkerNextKinTelephoneNuml
I. Direct settlement (to be complete days and no permanent incapacit employees' compensation claim)			apacity for not more than i
Period of sick leave [WorkerSickLea	Ar	mount of compens	
10 D 1	\$	[Compensation	
	Day / Month / Year	[Compensation] paid	raidificator
[StartDate] to Day / Month / Year I	[EndDate] Day / Month / Year	to be paid	on [CompensationPayDat Day / Month / Year
Day / Monthly 1 cm	I I		

The accid	lent occurred in(No.	te 7)	10.	1.1			
Construct	tion site	Shipya	rd [Co	Manufa	actory	Others	S
£	uilding worksite	□ 04	Floating vessel	07	Production area	□11	Container yard
	ivil worksite	□ 05	Non-floating ves	_	Maintenance	□ 12	Catering
	enovation/repair	□ 06	Maintenance	Je 00	workshop		establishment
	f existing buildings		workshop	09	Loading/unloading	☐ 13	Please specify
				□ 10	area Storage area		[AccidentL
					Storage area	1	OtherSpecification
Activity of	carried out on the site at	the time	of accident (No	te 8)			
E A salisates	Doning April 1						
[Activity	DuringAccident]						
J. Natu	ure of injury (Note 9))					
PAR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the nature of injury	<i>'</i>					3
	escription]						
Indicate r	nature of injury (tick on	e box)	IC	odel			
_ 01 A	Abrasion	□ 06	Contusion &		Electric shock	<u> </u>	Poisoning
and I all		100 Table	bruise			A-16.700	
02 A	Amputation	□ 07	Concussion	□ 12	Fracture	17	Irritation
03 A	Asphyxia	08	Laceration and	cut 🔲 13	Puncture wound	18	Nausea
04 H	Burn (heat)	09	Dislocation	14	Sprain & strain	19	Multiple injuries
05 H	Burn	<u> </u>	Crushing	☐ 15	Freezing	20	Others
							(please specify)
						Į,	OtherSpecification
Part of bo	ody injured (tick one bo	x) — [Bo	dyPartInjured]				[WorkerInjur
Head	Neck &		Upper L		Lower Limbs	2000	
		Neck		Finger	☐ 51 Hip		61 Multiple location
☐ 22 E		Back	∐ 42	Hand/palm	52 Thigh		(please specify)
☐ 23 H	Ear 33	Chest	□ 43	Forearm	53 Knee		
☐ 24 N	Mouth/tooth 34	Abdomen	□ 44	Elbow		[Multip	leBodyPartInjuredSpecificatio
25 N	Nose 35	Trunk	45	Upper arm	55 Ankle		
26 F	Face 36	Pelvis/gro	in 46	Shoulder	56 Foot		
K. Type	of accident (tick one	box) (I	Note 9)				
□ 01 T	rapped in or between	05	Striking against	<u> </u>	Trapped by	<u>15</u>	Exposure to fire
	bjects		fixed or	200000	collapsing or	<u></u> 16	Exposure to
	njured whilst lifting or arrying	□ 06	stationary object Striking against	11	overturning object Struck by moving	_	explosion
	lip, trip or fall on same		moving object	ш	or falling object	<u> </u>	Others (Please specify)
le	evel	07	Stepping on	<u> </u>	Struck by moving		erago (estretor a la tiliza de la compositión d
	all of person		object Exposure to or	□ 12	vehicle Contact with moving	[OtherA	ccidentTypeSpecification
	rom height* ingHeight]metres	08	contact with		machinery or		
-			harmful		object being		
			substance Contact with		machined		
		09	electricity or	<u> </u>	Drowning		
	distance through which		electric discharg				
				dentType]			

[Description] M. Sketch (to	supplement the						
M Skatch (to							
W. Skelen (10	nage Name:	aescripti	ions given above,	if conside	ered necessary)		
Attachment Im	0				For official use or	ıly	
					I.A./Non-I.A.		
[AttachmentI	[mage]				Investigation		
					Processed by		
			≻End o	of Part Is	<		
				5 -			

	➤ Part II ≺
(To be comp	pleted if the accident occurred on a construction site)
N. Type of work performed by the	he employee at the time of accident (tick one box)
01 Concreting 02 Woodworking	□ 07 Painting □ 13 Trench work □ 19 Slope work □ 08 Plastering □ 14 Gas pipe fitting □ 20 Others
03 Glazier work	□ 09 Arc/gas welding □ 15 Water pipe fitting (please specify)
04 Reinforcement bar bending	
05 Bamboo scaffolding	11 Brick laying 17 Material handling(otherWorkTypePerformedSpecification)
06 Tubular scaffolding	☐ 12 Caisson work ☐ 18 Lift installation
[WorkTypePerformed]	
Whereabouts on the site such work v	was performed
[WorkPerformingWhereabouts]	
0 Marking involved if and	G. L (Alata 10)
O. Machinery involved, if any (t	20000000000000000000000000000000000000
01 Skip/material hoist	☐ 06 Hydraulic crane ☐ 11 Bar bender
Dassenger hoist/builders' I	
03 Tower crane	□ 08 Boatswain's chair □ 13 Air compressor/receiver
04 Mobile crane	☐ 09 Pile driver ☐ 14 Others (please specify)
05 Lorry-mounted crane	☐ 10 Boring jig [ConstructionSite
[MachineryInvolved]	[OtherMachineryInvolvedSpecification]
P. Transporting or construction	n machinery involved, if any (tick one box)
01 Dump truck	☐ 04 Bulldozer ☐ 07 Others (please specify)
02 Loader	☐ 05 Grader [OtherTransportingConstructionMachineryInvolvedSpecification]
03 Excavator	☐ 06 Compacting roller
[TransportingConstructionMach	ineryInvolved]
	➤ End of Part II <

rns is <u>not</u> a standary for in required to be standard reporting accident. However, the co-operation of en below for accidents occurred on construction sites. purpose of accident analysis within Government and	ployers is s The supplen	nentary information will be used for the
I. Particulars of worksite		
Commencement of construction work: WorkCommencementMonth WorkCommencementMonth WorkCommencement Wor		Date of Completion: / [WorkAnticipatedCompletionYear] [WorkAnticipatedCompletionMonth] Month / Year
Contractor Name: [Contractor]	-	
Site Address: [SiteAddress]	-	[AccidentS
Contract No. (if available): [ContractNumber]	-	[CompanySignature]
Date of Accident: [AccidentDate] Contact Telephone: [SiteTelephoneNumber]	-	Chop of Company
II. Particulars of Project		[SupplementaryInf
(A) Nature of Project [ProjectNature] Civil Engineering Supe	rstructure	Maintenance and Repair
(B) Private Project [PublicPrivatePro	jectIndicato	r]
Yes		☐ No
If Yes, please give name and contact telephone no. of authorized person or project manager		If No, please indicate below the type of public works/government project
Name: [ProjectManagerName]		
Position: [ProjectManagerTitle] Tel. No.: [ProjectManagerTelephoneNumber]		
	Type]	
(C) Public Works or Government Project [PublicWorks		
	<u></u>	Housing Department
(C) Public Works or Government Project [PublicWorks] 01 Architectural Services Department 02 Buildings Department	10 I	Kowloon-Canton Railways Corporation
(C) Public Works or Government Project [PublicWorks] 01 Architectural Services Department 02 Buildings Department 03 Civil Engineering Department		Kowloon-Canton Railways Corporation Mass Transit Railways Corporation
(C) Public Works or Government Project [PublicWorks] 01 Architectural Services Department 02 Buildings Department 03 Civil Engineering Department 04 Drainage Services Department		Kowloon-Canton Railways Corporation Mass Transit Railways Corporation Airport Authority
(C) Public Works or Government Project [PublicWorks] 01 Architectural Services Department 02 Buildings Department 03 Civil Engineering Department		Cowloon-Canton Railways Corporation Mass Transit Railways Corporation Airport Authority Others (please specify)
(C) Public Works or Government Project [PublicWorks] 01 Architectural Services Department 02 Buildings Department 03 Civil Engineering Department 04 Drainage Services Department 05 Electrical & Mechanical Services		Kowloon-Canton Railways Corporation Mass Transit Railways Corporation Airport Authority
(C) Public Works or Government Project [PublicWorks] 01 Architectural Services Department 02 Buildings Department 03 Civil Engineering Department 04 Drainage Services Department 05 Electrical & Mechanical Services Department		Cowloon-Canton Railways Corporation Mass Transit Railways Corporation Airport Authority Others (please specify)
(C) Public Works or Government Project [PublicWorks] 01 Architectural Services Department 02 Buildings Department 03 Civil Engineering Department 04 Drainage Services Department 05 Electrical & Mechanical Services Department 06 Highways Department		Cowloon-Canton Railways Corporation Mass Transit Railways Corporation Airport Authority Others (please specify)

PDF e-form Object Name for data capture	Title/Description on PDF Form
ReportingPersonSignature	Signature
ReportingPersonName	Name (in block letters):
ReportingPersonTitle	Position:
ReportingPersonSignatureDate	Date:
CompanySignature	Chop of Company
InjuredDeceasedWorker	A. Particulars of the employee
InjuredDeceasedWorker\Surname	Nameof employee (Surname first)
InjuredDeceasedWorker\GivenName	
InjuredDeceasedWorker\HkidPassportNumb	Identity Card/Passport No.
er	
InjuredDeceasedWorker\TelephoneNumber	Telephone No.
InjuredDeceasedWorker\FaxNumber	Fax No.
InjuredDeceasedWorker\Address	Address
InjuredDeceasedWorker\Birthday	Date of Birth
InjuredDeceasedWorker\Gender	Sex
InjuredDeceasedWorker\Occupation	Occupation
InjuredDeceasedWorker\ApprenticeIndicator	An apprentice
Employer	B. Particulars of employer
Employer\Name	Name of employing company/person
Employer\HkBusinessRegistrationNumberH	Business Registration Certificate No.
kidNumber	
Employer\TelephoneNumber	Telephone No.
Employer\FaxNumber	Fax No.
Employer\Address	Address
Employer\Trade	Trade
PrincipalContractorHoldingCompany	C. Particulars of principal
	contractor/holding company
PrincipalContractorHoldingCompany\Name	Name of principal contractor/holding
	company
PrincipalContractorHoldingCompany\HkBus	Business Registration Certificate No.
inessRegistrationNumber	
PrincipalContractorHoldingCompany\Teleph	Telephone No.
oneNumber	
PrincipalContractorHoldingCompany\FaxNu	Fax No.
mber	A 11
PrincipalContractorHoldingCompany\Addres	Address
S PrincipalContractorHoldingCompany\Trade	Trade
Accident Accident	D. Description of accident
	'
Accident\Description	Describe how the accident happened and state what the employee was doing at the
	time
Accident\OccurDuringWorkIndicator	State whether the accident occurred in the
/ resident/occur During workindicator	course of work
Accident\AccidentDateTime	Date of accident
/ residently residentibate i file	Time of accident
Accident\ResultIndicator	Result of accident
Accident\Address	Address of the place of accident
Accident\Address Accident\HospitalClinicName	Name of hospital/clinic where the employee
1 to tuent 10 spitare innervante	Traine of hospital/enine where the employee

The Release Notes V1.10.00 (Library of the PDF e-	
	received treatment
Insurance	E. Details of insurance
Insurance\InsuranceCompanyNameAddress	Name and address of insurance company at
	the time of accident (Please refer to the
	insurance policy)
Insurance\PolicyNumber	Policy No.
InjuredDeceasedWorkerEarning	F. Details of earnings of the employee
InjuredDeceasedWorkerEarning\AverageMo	Average number of working days per month
nthlyWorkingDayCount	Twerage number of working days per month
InjuredDeceasedWorkerEarning\OtherAvera	Others
· ·	Others
geMonthlyWorkingDayCountSpecification	Doct don in (a)
InjuredDeceasedWorkerEarning\PaidRestDa yIndicator	Rest day is (a)
•	(1.)
InjuredDeceasedWorkerEarning\FixedRestD	(b)
ayIndicator	D C 1
$Injured Deceased Worker Earning \backslash Fixed Rest D$	Day of week
ay	
$Injured Deceased Worker Earning \backslash Monthly Bas$	(a) Basic salary/wages
icSalary	
InjuredDeceasedWorkerEarning\MonthlyFoo	(b) Food allowances/value of free food
dAllowance	provided by employer
InjuredDeceasedWorkerEarning\OtherEarnin	(c) Other items
gItem	
InjuredDeceasedWorkerEarning\OtherEarnin	(please specify)
gItem\Type	(F
InjuredDeceasedWorkerEarning\OtherEarnin	
gItem\Amount	
InjuredDeceasedWorkerEarning\TotalMontly	Total(a) + (b) + (c)
Earning	Total (a) + (b) + (c)
InjuredDeceasedWorkerEarning\PastYearAv	Average monthly earnings of the employee
erageMonthlyEarning FatalAccident	for the last 12 months
FatarAccident	G. Fatal accident (to be completed where
T (1 A	accident results in death)
FatalAccident\PoliceNotifiedIndicator	Whether police was notified
FatalAccident\PoliceStation	(name of the police station)
FatalAccident\WorkerNextKinNameAddress	Name and address of next-of-kin of the
	deceased employee
FatalAccident\WorkerNextKinRelationship	Relationship with the deceased employee
FatalAccident\WorkerNextKinTelephoneNu	Telephone No.
mber	
WorkerCompensationDirectSettlement	H. Direct settlement (to be completed
ı	only
WorkerCompensationDirectSettlement\Work	Period of sick leave
erSickLeavePeriod	
WorkerCompensationDirectSettlement\Work	From
erSickLeavePeriod\StartDate	TIOH
	То
WorkerCompensationDirectSettlement\Work	10
erSickLeavePeriod\EndDate	m . 1 1 6 : 1 1 1
WorkerCompensationDirectSettlement\Work	Total number of sick leave days
erTotalSickLeaveDayCount	
WorkerCompensationDirectSettlement\Com	Amount of compensation
pensationAmount	
WorkerCompensationDirectSettlement\Com	
pensationPaidIndicator	
WorkerCompensationDirectSettlement\Com	To be paid on
	•

The Release Notes V1.10.00 (Library of the PDF e-	Form schema, templates and conversion data files)
pensationPayDate	
AccidentLocation	I. Place of accident (tick one box)
AccidentLocation\Code	The accident occurred in
AccidentLocation\OtherSpecification	Please specify
AccidentLocation\ActivityDuringAccident	Activity carried out on the site at the time of
	accident
WorkerInjuryNature	J. Nature of injury
WorkerInjuryNature\InjuryDescription	Describe the nature of injury
WorkerInjuryNature\Code	Indicate nature of injury (tick one box)
WorkerInjuryNature\OtherSpecification	Others (please specify)
WorkerInjuryNature\BodyPartInjured	Part of body injured
WorkerInjuryNature\MultipleBodyPartInjure	Multiple locations (please specify)
dSpecification	
AccidentType	K. Type of accident (tick one box)
OtherAccidentTypeSpecification	Others (Please specify)
WorkerFallingHeight	Fall of person from height*
AccidentInvolvingAgent	L. Agents involved, if any (tick one or more
Treetdentin vorvingrigent	boxes)
AccidentInvolvingAgent\Code	0.00)
AccidentInvolvingAgent\OtherSpecification	Others (Please specify)
AccidentInvolvingAgent\OtherMachineryTy	Type:
pe	Турс.
AccidentInvolvingAgent\OtherMachineryCa	Part causing injury
usingInjuryPart	
AccidentInvolvingAgent\Description	Describe briefly the agents you have
	indicated
AttachmentImage	Attachment Image Name:
ConstructionSiteAccident	N. Type of work performed by the
	employee at the time of accident (tick one
	box)
ConstructionSiteAccident\WorkTypePerform	
ed	
ConstructionSiteAccident\OtherWorkTypePe	Others (please specify)
rformedSpecification	
ConstructionSiteAccident\WorkPerforming	Whereabouts on the site such work was
Whereabouts	performed
ConstructionSiteAccident\MachineryInvolve	O. Machinery involved, if any (tick one or
d	more boxes)
ConstructionSiteAccident\	Others (please specify)
OtherMachineryInvolvedSpecification	1 37
ConstructionSiteAccident\	P. Transporting or construction machinery
TransportingConstructionMachineryInvolved	involved, if any (tick one box)
ConstructionSiteAccident\	Others (please specify)
OtherTransportingConstructionMachineryInv	1 2/
olvedSpecification	
SupplementaryInformation	Supplementary Information on Accidents on
	Construction Sites
SupplementaryInformation\AccidentSite	
SupplementaryInformation\AccidentSite SupplementaryInformation\AccidentSite\Wo	I. Particulars of worksite
SupplementaryInformation\AccidentSite\Wo	
SupplementaryInformation\AccidentSite\WorkCommencementMonth	I. Particulars of worksite
SupplementaryInformation\AccidentSite\WorkCommencementMonth SupplementaryInformation\AccidentSite\Wo	I. Particulars of worksite
SupplementaryInformation\AccidentSite\WorkCommencementMonth SupplementaryInformation\AccidentSite\WorkCommencementYear	I. Particulars of worksite Commencement of construction work:
SupplementaryInformation\AccidentSite\WorkCommencementMonth SupplementaryInformation\AccidentSite\Wo	I. Particulars of worksite

The Release Notes V1.10.00 (Library of the PDF e-	-Form schema, templates and conversion data files)
SupplementaryInformation\AccidentSite\Wo	
rkAnticipatedCompletionYear	
SupplementaryInformation\AccidentSite\Con	Contractor Name:
tractor	
SupplementaryInformation\AccidentSite\Site	Site Address:
Address	
SupplementaryInformation\AccidentSite\Con	Contract No. (if available):
tractNumber	
SupplementaryInformation\AccidentSite\Acc	Date of Accident:
identDate	
SupplementaryInformation\AccidentSite\Site	Contact Telephone:
TelephoneNumber	
SupplementaryInformation\AccidentSite\Co	Chop of Company
mpanySignature	
SupplementaryInformation\ProjectNature	(A) Nature of Project
SupplementaryInformation\PublicPrivateProj	(B) Private Project
ectIndicator	-
SupplementaryInformation\ProjectManagerN	Name:
ame	
SupplementaryInformation\ProjectManagerT	Position:
itle	
SupplementaryInformation\ProjectManagerT	Tel. No.:
elephoneNumber	
SupplementaryInformation\PublicWorksTyp	(C) PublicWorks or Government Project
e	,
SupplementaryInformation\OtherPublicWork	Others (please specify)
sTypeSpecification	
<u> </u>	

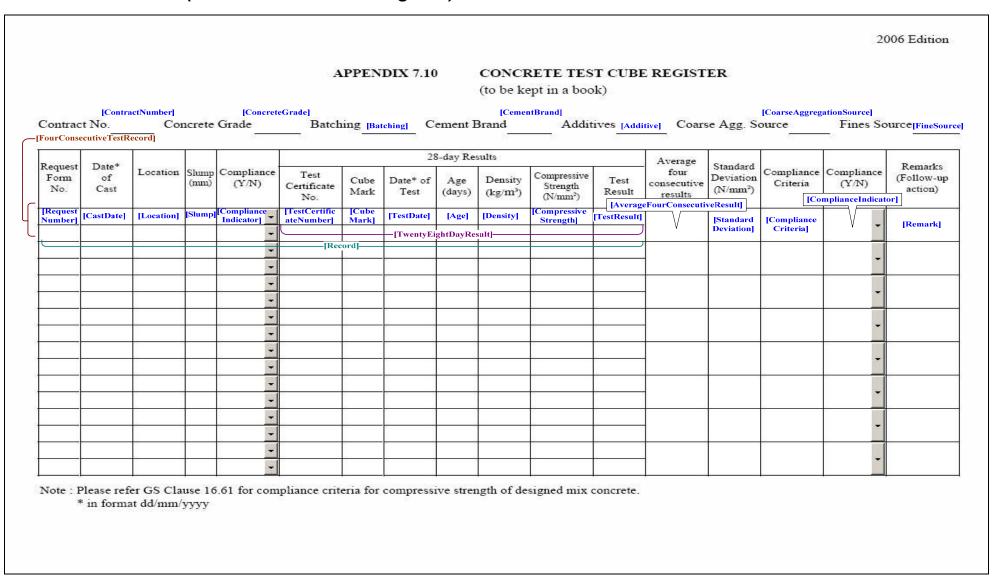
3.13 WDD - 5.0 - 1.0 (Inspection Survey Request)

	Request No.	DogwootNumboul	
ontract No. [ContractNumber]	Request Ivo.	RequestNumber]	
o Engineer's Representative [SubmissionType]	[PreviousReque	estNumber]	
his is a ☐new submission/☐re-submission(p	revious request no)*	
(1) Location of work	[WorkLocation]	Date** & Time***	
(2) Work to be Inspected/ Surveyed	[WorkBeingInspectedSurveyed]	[InspectionSurveyDate] [InspectionSurveyTime]	
(3) Work Proposed after Approval of (2)	ProposedWorkSucceedingApproval]	[ProposedWorkSucceedingApprovalDate] [ProposedWorkSucceedingApprovalT	
(4) Remarks (if this is a re-submission state work carried out since last	Domanki	[RemarkDate]	
inspection/survey)	[Remark]	[RemarkTime]	
EQUESTED BY : [RequestingPersonSignatu	rel TIMF*** · [Request	tingPersonSignatureTime]	
ESIGNATION : [RequestingPersonTitle]		tingPersonSignatureDate	
<u> </u>	PersonSignatureTime]	0.	
leceived by* DER/ DIOW TIME***:	DATE** : [Receiving]	ngPersonSignatureDate]	
[ReceivingPersonTile] NAME : [Receiving		ngPersonSignature]	
filled in by* FR/ NAME : FillingPo	ersonName] Please arrange 🔲 i	nspection/ check setting out* Arrange	
IGNED [FillingPersonTitle] :[FillingPe	ersonSignature]DATE** : [FillingF	PersonSignatureDate	
[InspectorSurveyorIndicator]			
outlined in (3) above is given / not given* [ProposedWorkPermissionIndica [ProposedWorkPermissionIndica			
his in no way limits or alters the Contractor's ob	-	<u></u>	
orm is returned to the Contractor at time stated			
IGNED : [InspectorSurveyorSignature]	TIME*** :[Inspecto	orSurveyorSignatureTime]	
ESIGNATION: [InspectorSurveyorTitle]	DATE** : [Inspecto	orSurveyorSignatureDate]	
$COUNTERSIGNED: {\color{red}[Countersigning PersonSign}$	nature] TIME***: Counter	$TIME \verb§**** : [Countersigning PersonSignature Time]$	
DESIGNATION : [CountersigningPersonTitle]	DATE** : Counter	DATE** : [CountersigningPersonSignatureDate]	
Received on behalf of Contractor by			
IAME : [ContractorRepresentativeName]	TIME*** : [Contrac	ctorRepresentativeSignatureTime]	
IGNED : [ContractorRepresentativeSignature]		ctorRepresentativeSignatureDate]	
I.B. Top copy – E.R.			
Duplicate - Contractor			
* Select where appropriate			
** in format dd/mm/yyyy *** in format hh:mm			
# Countersigned by Resident Engineer r	may be required for critical items		

All the objects embedded within the pdf e-form are detailed as follows:-

PDF e-form Object Name for data	PDF Form Description
capture	1 Dr Torm Description
ContractNumber	Contract No.
RequestNumber	Request No.
SubmissionType	This is a
Previous Request Number	(Previous request no)
WorkLocation	Location of work
WorkBeingInspectedSurveyed	Work to be Inspected/Surveyed
InspectionSurveyDate	Date
InspectionSurveyTime	Time
ProposedWorkSucceedingApproval	Work Proposed after Approval of (2)
ProposedWorkSucceedingApprovalDate	Date
ProposedWorkSucceedingApprovalTime	Time
Remark	Remark
RemarkDate	Date
RemarkTime	Time
RequestResult	Request Result
InspectionResultNotificationDate	Inspection Result Notification Date
InspectionResultNotificationTime	Inspection Result Notification Time
RequestingPersonSignat	Requested By
Requesting PersonSignatureTime	Time
Requesting Person Title	Designation
	Č
RequestingPersonSignatureDate	Date Provinced P
Receiving Person Title	Received By
Receiving Person Signature Time	Time
ReceivingPersonSignatureDate	Date
Receiving Person Name	Name
ReceivingPersonSignature	Signed
FillingPersonTitle	Filled in By
FillingPersonName	Mr.
ArrangementType	Please arrange
FillingPersonSignature	Signed
FillingPersonSignatureDate	Date
InspectorSurveyorIndicator	Filled in by
InspectedSurveyedIndicator	Work outlined in (2) above has been
ProposedWorkPermissionIndicator	Outlined in (3) above is
ProposedWorkPermissionReason	
InspectorSurveyorSignature	Signed
InspectorSurveyorSignatureTime	Time
InspectorSurveyorTitle	Designation
InspectorSurveyorSignatureDate	Date
CountersigningPersonSignature	#Countersigned
CountersigningPersonSignatureTime	Time
CountersigningPersonTitle	Designation
CountersigningPersonDate	Date
ContractorRepresentativeName	Name
ContractorRepresentativeSignatureTime	Time
ContractorRepresentativeSignature	Signed
ContractorRepresentativeSignatureDate	Date

3.14 WDD - 6.0 - 1.0 (Concrete Test Cube Register)



PDF e-form Object Name for data	PDF Form Description
capture	
ContractNumber	Contract No.
ConcreteGrade	Concrete Grade
Batching	Batching
CementBrand	Cement Brand
Additive	Additives
CoarseAggregationSource	Coarse Agg. Source
FineSource	Fines Source
FourConsecutiveTestRecord.	Request Form No
Record.RequestNumber	1
FourConsecutiveTestRecord.	Date of Cast
Record.CastDate	
FourConsecutiveTestRecord.	Location
Record.Location	
FourConsecutiveTestRecord.	Slump (mm)
Record.Slump	
FourConsecutiveTestRecord.	Compliance (Y/N)
Record.ComplianceIndicator	
FourConsecutiveTestRecord.	Test Certificate No
Record.TwentyEightDayResult.	
TestCertificateNumber	
FourConsecutiveTestRecord.	Cube Mark
Record.TwentyEightDayResult.	
CubeMark FourConsecutiveTestRecord.	Date of Test
Record.TwentyEightDayResult. TestDate	Date of Test
FourConsecutiveTestRecord.	Age (days)
Record.TwentyEightDayResult. Age	Age (days)
FourConsecutiveTestRecord.	Density (kg/m3)
Record.TwentyEightDayResult. Density	Bensity (kg/mb)
FourConsecutiveTestRecord.	Compressive Strength (N/mm2)
Record.TwentyEightDayResult.	(,
CompressiveStrength	
FourConsecutiveTestRecord.	Test Result
Record.TwentyEightDayResult.	
TestResult	
FourConsecutiveTestRecord.	Average four consecutive results
AverageFourConsecutiveResult	
FourConsecutiveTestRecord.	Standard Deviation (N/mm2)
StandardDeviation	
FourConsecutiveTestRecord.	Compliance Criteria
ComplianceCriteria	
FourConsecutiveTestRecord.	Compliance (Y/N)
ComplianceIndicator	D 1 (F.H
FourConsecutiveTestRecord. Remark	Remarks (Follow-up action)

3.15 WDD - 6.1 - 1.0 (Drainage Test)

Diameter of Pipe: D (m) [PipeInternalDiameter] Contract No: [Control Pipeline: L (m) [PipelineLength] TEST (Test for Pipeline of all Diameter) atter head in glass U tube: 100mm ther head in glass U tube: [AirTest\FinalWaterHead] mm (not less than 75mm is a pass) ation**: 5 mins. (vater added
Diameter of Pipe: D (m) [PipeInternalDiameter] Contract No: [Control Pipeline: L (m) [PipelineLength] TEST (Test for Pipeline of all Diameter) atter head in glass U tube: 100mm ther head in glass U tube: [AirTest\FinalWaterHead] mm (not less than 75mm is a pass) ation**: 5 mins. (ractNumber LowEndPres
TEST (Test for Pipeline of all Diameter) ater head in glass U tube: 100mm ater head in glass U tube: [AirTest\FinalWaterHead] mm (not less than 75mm is a pass) ation**: 5 mins. ([AirTest\StartDateTime] [AirTest\EndDateTime] ER TEST (Test for Pipeline of all Diameter) filled up with water at: [WaterTest\HighEndPressureHead] Head above the soffit of the pipe at the high / low end: [WaterTest\HighEndPressureHead] ted at*** : [WaterTest\TestStartDateTime] Time** Time Elapsed Amount of water at the high / low end: [WaterTest\TestRecord(0)\Time] [WaterTest\TestRecord(0)\Time] [WaterTest\TestRecord(0)\Time] [WaterTest\TestRecord(0)\Time] [WaterTest\TestRecord(0)\Text{WaterTest}\TestRecord(0)\Text{WaterTest}\TestRecord(0)\Text{WaterTest}\Text{WaterTest}\Text{WaterTest}\Text{WaterTest}W	LowEndPres
ater head in glass U tube: 100mm ter head in glass U tube: [AirTest\FinalWaterHead] mm (not less than 75mm is a pass) ation**: 5 mins. (vater added
atter head in glass U tube: [AirTest\FinalWaterHead] mm (not less than 75mm is a pass) atter head in glass U tube: [AirTest\FinalWaterHead] mm (not less than 75mm is a pass) atter head in glass U tube: [AirTest\FinalWaterHead] mm (not less than 75mm is a pass) atter head in glass U tube: [AirTest\FinalWaterHead] mm (not less than 75mm is a pass) atter head in glass U tube: [AirTest\FinalWaterHead] mm (not less than 75mm is a pass) [WaterTest\Test\Test\WaterLevel] [WaterTest\WaterLevel] [WaterTest\HighEndPressureHead] [WaterTest\HighEndPressureHead] [WaterTest\HighEndPressureHead] [WaterTest\HighEndPressureHead] [WaterTest\HighEndPressureHead] [WaterTest\Test\Record(0)\Time] [WaterTest\TestRecord(0)\Time] [WaterTest\TestRecord(1)\Time] [WaterTest\TestRecord(1)\Time] [WaterTest\TestRecord(2)\Time] [WaterTest\TestRecord(2)\Time] [WaterTest\TestRecord(2)\Time] [WaterTest\TestRecord(2)\Time]	vater added
ter head in glass U tube : [AirTest\FinalWaterHead] mm (not less than 75mm is a pass) ation**:5 mins. ([AirTest\StartDateTime] [AirTest\EndDateTime] ER TEST (Test for Pipeline of all Diameter) filled up with water at : [WaterTest\HighEndPressureHead] Head above the soffit of the pipe at the high / low end : [WaterTest\HighEndPressureHead] ted at*** : [WaterTest\TestStartDateTime] [WaterTest\Time Elapsed Amount of w (min) (litter little) [WaterTest\TestRecord(0)\Time] [WaterTest\TestRecord(1)\Time] [WaterTest\TestRecord(1)\Time] [WaterTest\TestRett] [WaterTest\TestRecord(2)\Time] [WaterTest\TestRett]	vater added
AirTest\StartDateTime [AirTest\EndDateTime] [AirTest\EndDateTime]	vater added
AirTest\StartDateTime [AirTest\EndDateTime] [AirTest\EndDateTime]	vater added
ER TEST (Test for Pipeline of all Diameter) filled up with water at : [WaterTest\WaterLevel] # Head above the soffit of the pipe at the high / low end : [WaterTest\L ted at*** : [WaterTest\TestStartDateTime]	vater added
filled up with water at : [WaterTest\WaterLevel] Head above the soffit of the pipe at the high / low end : [WaterTest\Lime] ted at*** : [WaterTest\TestStartDateTime] Time** Time Elapsed Amount of w upleted at***: [WaterTest\TestEndDateTime] st\TimeDuration] [WaterTest\TestRecord(0)\Time] [WaterTest\TestRett\TestRett] [WaterTest\TestRecord(1)\Time] [WaterTest\TestRett\TestRett] [WaterTest\TestRecord(2)\Time] [WaterTest\TestRett\TestRett]	vater added
** Head above the soffit of the pipe at the high / low end : [WaterTest\HighEndPressureHead] WaterTest\Lambda at *** [WaterTest\TestStartDateTime] Time** Time Elapsed Amount of w (min) (littral pleted at *** [WaterTest\TestEndDateTime] WaterTest\TestRecord(0)\Time] WaterTest\TestRecord(1)\Time] WaterTest\TestRecord(1)\Time] WaterTest\TestRecord(2)\Time] Wate	vater added
ted at*** : [WaterTest\TestStartDateTime]	vater added
(min) (litral pole of at *** [WaterTest\TestEndDateTime] (waterTest\TestRecord(0)\Time] (waterTest\TestRecord(0)\Time] (waterTest\TestRecord(1)\Time] (waterTest\TestRecord(1)\Time] (waterTest\TestRecord(1)\Time] (waterTest\TestRecord(2)\Time] (waterTest\TestRecord(2)\Time) (wate	
(min) (litral pole of at *** [WaterTest\TestEndDateTime] (waterTest\TestRecord(0)\Time] (waterTest\TestRecord(0)\Time] (waterTest\TestRecord(1)\Time] (waterTest\TestRecord(1)\Time] (waterTest\TestRecord(1)\Time] (waterTest\TestRecord(2)\Time] (waterTest\TestRecord(2)\Time) (wate	
	E /
WaterTest\TestRecord(1)\Time WaterTest\TestRecord(2)\Time	88
[WaterTest\TestRecord(2)\Time] [WaterTest\TestR	
The state of the s	
ed Leakage = D x L x 1/60 litres [WaterTest\TestRecord(3)\Time] [WaterTest\TestR	
[**************************************	
of water added : litres [WaterTest\TestRecord(6)\Time] [WaterTest\TestR	kecord(6)\Ad
pressure: 1.2m head of water above soffit of pipe at high end (and less than 6m head of water at the invert of the low end of pipe.)	
AL INSPECTION (for Pipeline exceeding 900mm diameter) [VisualInspection]	
LTRATION TEST (for Sewage Pipelines of all diameter BS 8005 : Part 1 Clause 13.6) [InfiltrationTest]	
arks	
[Remark]	
PASSED / FAILED . Recorded By . [RecordingPerso	.nNomal
Recorded by .	mvamej
[TestResultIndicator]	
[ContractorSignature] [EngineerRepresentativeNam	ne]
For ([ContractorName]) Contractor For Engineer's Represent	tative
[EngineerRepresentation	veSignature]

PDF e-form Object Name for data	PDF Form Description
capture	_
TestLocation	Location
ReportDate	Date
ContracNumber	Contract No
PipeInternalDiameter	Internal Diameter of Pipe
PipelineLength	Length of Pipeline
1. AIR TEST (Test for Pipeline of all Diameter)	
AirTest.FinalWaterHead	Final water head in glass U tube
AirTest.StartDateTime	Test duration (Start)
AirTest.EndDateTime	Test duration (End)
2. WATER TEST (Test for Pipeline of	of all Diameter)
WaterTest.WaterLevel	Pipeline filled up with water at
WaterTest.HighEndPressureHead	Pressure Head above the soffit of the pipe at the
	(High)
WaterTest.LowEndPressureHead	Pressure Head above the soffit of the pipe at the (End)
WaterTest.TestStartDateTime	Test started at
WaterTest.TestEndDateTime	Test completed at
WaterTest.TimeDuration	T
WaterTest.TestRecord.Time	Time
WaterTest.TestRecord.AddedWater	Amount of water added
WaterTest.PermittedLeakage	Permitted Leakage
WaterTest.TotalAddedWater	Amount of water added
VisualInspection	3. Visual Inspection
InfiltrationTest	4. Infiltration Test
Remark	5. Remark
TestResultIndicator	Test Result
RecordingPersonName	Recorded By
ContractorSignature	Contractor Signature
ContractorName	Contractor Name
EngineerRepresentativeName	For Engineer's Representative (Name)
EngineerRepresentativeSignature	For Engineer's Representative (Signature)

3.16 WDD - 6.2 - 1.0 (Field Desity Determinnation)

							2006 Edition
	AF	PPENDIX 7.11	FIELD	DENSITY	DETERMIN	ATION FO	RM
Test F	Request No. :	[TestRequestNumber]		(Contract No :	[Co	ntractNumber]
Date*	test commenced	[TestDate]			Date* test comp	leted: [Test	CompletionDate]
Scope	e of test : a) Deter	mination of the in	situ bul	k density a	nd insitu dry	density of	soil by the sand
	repla	cement method sui	table for	Sand! Sand!	ReplacementMethodS	oifType] d / ∩ fine-, m	edium-and coarse
	grain	[Pourir ad a sil / with / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ngCylinderTy	pe] (de pouring	culinder in a	ccordance w	vith Teet No
	[Geotechi	ed soil (with C sma nicalEngineeringOfficeTestNu 2.1 / C 9.2.2 of GEO	mber]	le Se (DMI)	[PublicWorkLa	boratoryTechnicalN	Ianual]
	10.00 But 10.00 Control of the	rmination of relative /					PWLIM 5QL 0.0
						neatory	
		nt conditions at time		100	nentCondition]		
Pour	[PouringCylinderNumber	Mass of In cylinde			[InitialSandMass]	Bulk density	[SandBulkDensity] (Mq/m ⁹)
	PouringCylinderDiameter	A CONTRACTOR OF THE PARTY OF TH	tray oper		yOpeningSandMass]	of sand	(Mg/m/)
I.D. no	o. of sand storage	container:	-		StorageContainerId		
	ratory compaction t	test ref. No(1)	8	[SandDete			ionTestReferenceNumber]
	est position no.		- 19				atoryTestPositionNumber]
	t test position no.		-				Record\ContainerNumber]
-	of container	(9	1)				on\Record\ContainerNumber]
	of soil excavated -		CI TO	[Sa			[IncludingContainerMass]
	of remaining sand		200		[Sand	Determination\Rec	ord\RemainingSandMass]
	Nature	Assumed density	81 (5)	Mass o	f particles retain		
1.0		sumedRetainingRockDensit					ecord\RetainingRockMass]
_		edRetainingConcreteDensity numedRetainingBrickDensity					d\RetainingConcreteMass] cord\RetainingBrickMass]
BI	CONT. TOWARD	The second second second second second	-	Cumulative !	ver an entre contract version		residence service
∟∟ ındDeteı	Nature rmination\AssumedCum	Assumed density ulativeRetainingRockDensity		Gamulative I	Mass of particle [SandDetermina		lativeRetainingRockMass]
	Takana and a same	iveRetainingConcreteDensit		7			veRetainingConcreteMass]
ndDeter	rmination\AssumedCumu	ılativeRetainingBrickDensit	y]		[SandDetermina	tion\Record\Cumu	lativeRetainingBrickMass]
Moist	ure content determ	ination: [M	oistureConte	entDetermination	\DryingTemperature] [MoistureConte	ntDetermination\BalanceId
-		ContentDetermination\Over	nIdNumber]	Drying temp	erature	Balance I.	D. no.
Labs	pecimen no.		3				oratorySpecimenNumber]
Conta	ainer no.						nation\ContainerNumber]
1	Date/Time**		(n)				vingCycle\InitialDateTime]
nitia	Mass of containe Mass of soil + C		(g) (g)	[MoistureConte			yingCycle\ContainerMass] ilIncludingContainerMass]
		ontainer m ₂ ss (m ₂ - m ₁)/1000					OnePercentInitialSoilMass]
=	Date/Time**	o the tid h toon	197			177	Cycle\FirstStageDateTime]
>	Mass of soil + C	ontainer	[M	oistureContentDe	etermination\Drying@		[IncludingContainerMass]
guivip 1	- PART SEC. 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18						olo Second Stage Dete Time
6	Date/Time**	*			oistureContentDeter		
6	Mass of soil + C	ontainer		stureContentDete	rmination\DryingCy	cle\SecondStageSo	ilIncludingContainerMass]
le of	Mass of soil + C Difference in suc	*		stureContentDete ureContentDeter	rmination\DryingCy mination\DryingCycl	cle\SecondStageSo	ilIncludingContainerMass] cessiveWeighingDifference]
6	Mass of soil + C Difference in suc Date/Time**	ontainer ccessive weighing	[Moist	stureContentDeterureContentDeter	rmination\DryingCy mination\DryingCycl foistureContentDete	cle\SecondStageSo e\SecondStageSucc mination\DryingC	ilIncludingContainerMass] cessiveWeighingDifference] cycle\ThirdStageDateTime]
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Zycle of	Mass of soil + C Difference in suc Date/Time** Mass of soil + C Difference in suc	ontainer ccessive weighing ontainer ccessive weighing	[Moist	stureContentDeter [NoistureContentDetertureContentContentDetertureContent	ermination\DryingCy mination\DryingCycl foistureContentDete termination\DryingCy rmination\DryingCy	cle\SecondStageSo e\SecondStageSuccemination\DryingC ycle\ThirdStageSo cle\ThirdStageSucce	ilIncludingContainerMass] cessiveWeighingDifference] cycle\ThirdStageDateTime]
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3 Final ^c Re Notes (1) (2) (3) Rema	Mass of soil + C Difference in sur Date/Time** Mass of soil + C Difference in sur Mass of soil + C Cord Sheet of DryingActivityRecords Control sample for Lab Final reading as transf in format dd/mm/yyyy urks: Calculation of test d by	ontainer coessive weighing ontainer coessive weighing ontainer m ₃ ng Activities attached hetAttachedIndicator) foratory compaction test weight from the last record; with informat dd/mm/yyy results should refer t (TestingPersonSignature)	(Moist) ([Moist) (g) d filename vas checked s of drying a y hh:mm:ss	stureContentDeter [NoistureContentDeter [MoistureContentDeter [MoistureContentDeter [MoistureContentDeter]	emination\DryingCyclinination\DryingCyclioistureContentDetectormination\	cle\SecondStageSo e\SecondStageSo e\SecondStageSo ce\mination\DryingC ycle\ThirdStageSo cle\ThirdStageSo cche\ThirdStageSo cche\ThirdStageSo cche\ThirdStageSo cche\ThirdStageSo cchementFileName 8.6 by: [Laborator Activities, where ere appropriat [CheckingPerso	illncludingContainerMass] sessiveWeighingDifference] tycle\ThirdStageDateTime] illncludingContainerMass] sessiveWeighingDifference] illncludingContainerMass] ryControlSampleCheckingPappropriate.
33 Final [©] Re Notes (1) (2) (3) Rema 1. Teste Name	Mass of soil + C Difference in sur Date/Time** Mass of soil + C Difference in sur Mass of soil + C Cord Sheet of DryingActivityRecords Control sample for Lab Final reading as transfit in format dd/mm/yyyy rks: Calculation of test	ontainer coessive weighing ontainer coessive weighing ontainer m ₃ ng Activities attached hetAttachedIndicator) horatory compaction test weight from the last records with informat dd/mm/yyy results should refer t [TestingPersonName]	(Moist) ([Moist) (g) d filename vas checked s of drying a y hh:mm:ss	stureContentDeter [NoistureContentDeter [MoistureContentDeter [MoistureContentDeter [MoistureContentDeter]	ermination\DryingCyc mination\DryingCyc mination\DryingCyc foistureContentDete termination\DryingCy entDetermination\Dr [Atta with PWLTM SOL and Sheet of Drying ter printout, who ed by	cle\SecondStageSo e\SecondStageSo e\SecondStageSo e\SecondStageSo cle\ThirdStageSo cle\ThirdStageSo cle\ThirdStageSo che\ThirdStageSo che\Thir	illncludingContainerMass] sessiveWeighingDifference] tycle\ThirdStageDateTime] illncludingContainerMass] sessiveWeighingDifference] illncludingContainerMass] ryControlSampleCheckingPappropriate. e. nSignature]
33 Final [©] Re Notes (1) (2) (3) Rema 1. Teste Name	Mass of soil + C Difference in sur Date/Time** Mass of soil + C Difference in sur Mass of soil + C Cord Sheet of Dryi DryingActivityRecords Control sample for Lab Final reading as transf in format dd/mm/yyyy rks: Calculation of test d by	ontainer coessive weighing ontainer coessive weighing ontainer m ₃ ng Activities attached hetAttachedIndicator) foratory compaction test weight from the last record; with informat dd/mm/yyy results should refer t (TestingPersonSignature)	(Moist) ([Moist) (g) d filename vas checked s of drying a y hh:mm:ss	stureContentDeter [NoistureContentDeter [MoistureContentDeter [MoistureContentDeter [MoistureContentDeter]	ermination\DryingCycliniation\DryingCyclioistureContentDetectormination\DryingCyclioistureContentDetectormination\DryingCyclioistureContentDetectormination\DryingCyclioistureContentDetermination\DryingCyclioisture	cle\SecondStageSo e\SecondStageSo e\SecondStageSo ce\mination\DryingC ycle\ThirdStageSo cle\ThirdStageSo cche\ThirdStageSo cche\ThirdStageSo cche\ThirdStageSo cche\ThirdStageSo cchementFileName 8.6 by: [Laborator Activities, where ere appropriat [CheckingPerso	illncludingContainerMass] sessiveWeighingDifference] tycle\ThirdStageDateTime] illncludingContainerMass] sessiveWeighingDifference] illncludingContainerMass] rycControlSampleCheckingPappropriate. e. mSignature] nName] fitte]

PDF e-form Object Name for data capture	PDF Form Description
TestRequestNumber	Test Request No.
ContractNumber	Contract No.
TestDate	Date Test Commenced
TestCompletionDate	Date Test Completed
SandReplacementMethodSoilType	Replacement Method Suitable for
PouringCylinderType	Soil (with
GeotechnicalEngineeringOfficeTestNumber	Pouring cylinder in accordance with Test No.
PublicWorkLaboratoryTechnicalManual	Of GEO Report No. 36
RelativeCompactionDeterminationRequiredInd	b) Determination ofwith PWLTN SQL 8.6
icator	
WeatherEnvironmentCondition	Weather Environment Condition at time of
	test
PouringCylinderNumber	Pouring Cylinder No.
PouringCylinderDiameter	Pouring Cylinder Dia.
InitialSandMass	In Cylinder before pouring, m1
ConeTrayOpeningSandMass	In cone & tray opening, m2
SandBulkDensity	Bulk Density
SandStorageContainerIdNumber	ID no. of Sand Storage Container
SandDetermination	
SandDetermination\RetainingRockNature	Nature
	Rock
SandDetermination\RetainingConcreteNature	Concrete
SandDetermination\RetainingBrickNature	Brick
SandDetermination\AssumedRetainingRockDe	Desity
nsity	Rock
SandDetermination\AssumedRetainingConcret	Concrete
eDensity	
$Sand Determination \backslash Assumed Retaining Brick De$	Brick
nsity	
SandDetermination\CumulativeRetainingRock	Nature
Nature	Rock
SandDetermination\CumulativeRetainingConcr	Concrete
eteNature	5.1.1
SandDetermination\CumulativeRetainingBrick	Brick
Nature	5 1
SandDetermination\AssumedCumulativeRetain	
ingRockDensity	Rock
SandDetermination\AssumedCumulativeRetain	Concrete
ingConcreteDensity	5 : 1
SandDetermination\AssumedCumulativeRetain	Brick
ingBrickDensity	T. I. C. C. T. D. C.N.
SandDetermination\Record\LaboratoryCompactionTestReferenceNumber	Laboratory Compaction Test Ref. No.
SandDetermination\Record\LaboratoryTestPosi	Lab Test Position No
tionNumber	
SandDetermination\Record\ClientTestPosition	Client Test Position No
Number	
SandDetermination\Record\ContainerNumber	Container No.
SandDetermination\Record\ContainerMass	Mass of Container

G 1D : : : ID 10 : 10 : : 1	M CF 1 C
SandDetermination\Record\ExcavatedSoilInclu	Mass of Excavated + Container
dingContainerMass Sond Determination Passard Passar	Mass of Damainia a Can d
SandDetermination\Record\RemainingSandMa	Mass of Remaining Sand
SS South Determination Described Determine Described De	Mass of monticles actained on 27.5 mm since
SandDetermination\Record\RetainingRockMas	Mass of particles retained on 37.5 mm sieve Rock
S CondDatamainstina/Danad/DataininaConsults	
SandDetermination\Record\RetainingConcrete	Concrete
Mass	Dui al-
SandDetermination\Record\RetainingBrickMas	Впск
SandDetermination\Record\CumulativeRetaini	Cumulative Mass of particles retained on 20
ngRockMass	mm sieve
ingRockiviass	Rock
SandDetermination\Record\CumulativeRetaini	Concrete
ngConcreteMass	Concrete
SandDetermination\Record\CumulativeRetaini	Brick
ngBrickMass	Bilek
MoistureContentDetermination	
MoistureContentDetermination\OvenIdNumber	Oven I.D. No.
MoistureContentDetermination\DryingTemper	Drying temperature
ature	Drying temperature
MoistureContentDetermination\BalanceIdNum	Ralance I D. No.
ber	Barance 1.D. 110.
MoistureContentDetermination\LaboratorySpe	Lab Specimen No.
cimenNumber	Lab Specifici 110.
MoistureContentDetermination\ContainerNum	Conatiner No.
ber	Container 110.
MoistureContentDetermination\DryingCycle\In	Initial Date/Time
itialDateTime	
MoistureContentDetermination\DryingCycle\C	Initial Mass of Container
ontainerMass	
MoistureContentDetermination\DryingCycle\In	Initial Mass of Soil + Container
itialSoilIncludingContainerMass	
MoistureContentDetermination\DryingCycle\Z	Initial 0.1 % of Soil mass
eroPointOnePercentInitialSoilMass	
MoistureContentDetermination\DryingCycle\Fi	1 Date/Time
rstStageDateTime	
MoistureContentDetermination\DryingCycle\Fi	1 Mass of Soil + Container
rstStageSoilIncludingContainerMass	
MoistureContentDetermination\DryingCycle\S	2 Date/Time
econdStageDateTime	
MoistureContentDetermination\DryingCycle\S	2 Mass of Soil + Container
econdStageSoilIncludingContainerMass	
MoistureContentDetermination\DryingCycle\S	2 Difference in Successive Weighing
econdStageSuccessiveWeighingDifference	
MoistureContentDetermination\DryingCycle\T	3 Date/Time
hirdStageDateTime	
MoistureContentDetermination\DryingCycle\T	3 Mass of Soil + Container
hirdStageSoilIncludingContainerMass	
MoistureContentDetermination\DryingCycle\T	3 Difference in Successive Weighing
hirdStageSuccessiveWeighingDifference	
MoistureContentDetermination\DryingCycle\Fi	Final (3) Mass of Soil + Container 3
nalSoilIncludingContainerMass	
DryingActivityRecordSheetAttachedIndicator	Record Sheet of Drying Activities attached.

LaboratoryControlSampleCheckingPerson	(2) Control sampleby:
TestingPersonSignature	Tested By
CheckingPersonSignature	Checked By
TestingPersonName	Name
CheckingPersonName	Name
TestingPersonTitle	Post
CheckingPersonTitle	Post
TestingPersonSignatureDate	Date
CheckingPersonSignatureDate	Date

3.17WDD - 6.3 - 1.0 (Soil Compaction Test Summary)

- Si -	[Co	ntractNumber]				
Period *: T	estStartDate]	• 21	to *: [Tes	tEndDate]		
Fill Slope	☐ Road For	mation 🔲 Ot	her OtherTest	LocationTypeSpecific	ation]	
1	[TestLocationTy	pe]	702	Test Results		1
Date* of Test	Location in the Works	Depth below surface (m)	+ In-situ dry density (Mg/m³)	# Max. dry density (Mg/m³)	Relative Compaction (%)	Remarks
[Record\TestDate]	[Record\WorksLoca	tion]	(Mg·m·)	(mg·m)		[Record\Remar
	Record	\UndergroundDepth]	[Record\Max	kimumDryDensity]	[Record\Relati	veCompaction]
-		Record	[nsituDryDensity]			
					*	
E 5-	5	59 %				
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Note: + All in	n-situ densitie	s are measured	using the san	d replacement	method	
		BS 1377) unle				
			7 unless other			

PDF e-form Object Name for data	PDF Form Description
capture	
ContractNumber	Contract No
- TestStartDate	Period
- TestEndDate	То
TestLocationType	Fill Slope/Road/
OtherTestLocationTypeSpecification	Fill (Other)
Record.TestDate	Date of Test
Record.WorksLocation	Location in the Works
Record.UndergroundDepth	Depth below surface (m)
Test Results	
Record.InsituDryDensity	+ In-situ dry density (Mg/m3)
Record.MaximumDryDensity	# Max. dry density (Mg/m3)
Record.RelativeCompaction	Relative Compaction (%)
Record.Remark	Remarks

3.18WDD - 6.4 - 1.0 (Pre-stressed Tensioning Record)

APP	ENDIX 7.		NSIONING F RUCTURE	RECORD F	ORM FOR P	RESTRES	SED
Contract No.	Į¢.	[ContractNumber]			r No.	[MemberNuml	per]
Location	75		-177		TE.		
	:4			[Location]	TO TOWN THE THEAT		
Date* Cast	[Ca	astDate]	_	Date* of ter	nsioning/transfe	T [Tensioning	gTransferDate]
Test Cube Re	ecord					Sketch	
			At transfer		[Attachi	mentFileName]	
Date* t	ested		[CubeTestDate]				
Cube st	trength	(i)	[CubStrength[0]]				
		(ii)	[CubStrength[1]]				
		(iii)	[CubStrength[2]]				
Averag	ge strength	I	CubeAverageStreng	th]			3
Specifi	ed strength	Į(CubeSpecifiedStreng	(th)			
Tensioning R	tecord				[I	FensioningRecord\	MeasuredAncho
	Strand or	Loa	d (Kg)	Extens	ion (mm)	Anchorage pul in (n	
Tendon	Wire	Specified	Measured	Calculated	Discrepancy	Assumed	Masure
gRecord\Tendon]							\
[TensioningRecor	'd\StrandWire]	Tensioning	Record\MeasuredLo	[Tensioni	ingRecord\Extension	Discrepancy]	
[Те	nsioningRecord\	SpecifiedLoad]	[TensioningRec	cord\CalculatedEx	tension]	[TensioningReco	rd\AssumedAnd
			1				
	h					i i	id
Remark:							
			[Rem	ark]			
D 1 11	30 m	ecordingPersonN	Name]	Desig	nation:	[RecordingPerson	nTitle]
Recorded by:	110						

PDF e-form Object Name	PDF Form Description
for data capture	
ContractNumber	Contract No
MemberNumber	Member No
Location	Location
CastDate	Date Cast
TensioningTransferDate	Date of tensioning/transfer
Test Cube Record	
CubeTestDate	Date tested
CubStrength	Cube strength (i) (ii) (iii)
CubeAverageStrength	Cube Average Strength
CubeSpecifiedStrength	Specified strength
Tensioning Record	
TensioningRecord.Tendon	Tendon
TensioningRecord.StrandWi	Strand or Wire
re	
Load (Kg)	
TensioningRecord.Specified	Specified
Load	
TensioningRecord.Measured	Measured
Load	
Extension (mm)	
TensioningRecord.Calculate	Calculated
dExtension	
TensioningRecord.Extension	Discrepancy %
Discrepancy	
Anchorage pull-in (mm)	
TensioningRecord.Assumed	Assumed
AnchoragePullin	
TensioningRecord.Assumed	Measured
AnchoragePullin	
- Remark1	Remark
- Remark2	
RecordingPersonName	Recorded By
RecordingPersonTitle	Designation
AttachmentFileName	Sketch

3.19 WDD - 6.5 - 1.0 (Drainage Pipeline Water Test Record)

Contract N	No. [ContractNur	nber]		N	OTE:	Diameter		(mm)	150	225	: 1 3	00	375	450	
Date*	[TestDate]	Test No. [TestNu	ımber]	+,		Orop permitte	d per 30 m	(mm)	100	A AMERICAN	50 1, 50	48	60	72	
<u> </u>		Test IVO.	Tie .			-10P Permitte		31 - 000 100 - 100 1	3402 000			100			
	Location (refer to atta	ched sketch filename	ilename			(b)	(c)	er (c)-(b) x 30 per 30		Drop		Remarks			
Date*	[Attachmen	tFileName]	Diameter	Length	commencement		Reading after			permitted per 30 m	Result		(including date of re-test		
	From	То	(mm)	(m)			20 minutes (mm)			(mm)		if any)			
Record\Date]	[Record\StartLocation]	[Record\EndLocation]	1	[Reco	ord\Commen	cementReading]		1	9	1	~		[Record\Re	mark]	
		[Record\Pi	oelineDiameter			[Record\Twei	ntyMinuteReading]	/_		<u> </u>		/Result	tIndicator]		
			Recor	d\PipelineI	Length]		[Record\Act						_		
			8	(4)				[Re	ecord\Dr	opPermitted1	EveryThir	tyMetre	e]		
la la			0.5				2	88			-				
×					, e	i i	·								
*			103		: 53		2	8	19		-				
											Ţ				
							2				-				
											-			8	
		100									_				
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ye e		0	9	S 8			ÿ.	83	3						
4		<u> </u>	is.	:63	:18		5	50	10						
			-	-	100	9	0								
4			l ingPersonNam	ļ	Ļ	-				PersonTitle]					

PDF e-form Object Name for data	PDF Form Description
capture	
ContractNumber	Contract No.
TestDate	Date
TestNumber	Test No
Location (refer to attached sketch)	
Record.Date	Date
Record.StartLocation	From
Record.EndLocation	То
Record.PipelineDiameter	Diameter (mm)
Record.PipelineLength	Length (m)
Record.CommencementReading	Reading at commencement
Record.TwentyMinuteReading	Reading after 20 minutes (mm)
Record.ActualDropEveryThirtyMetre	Actual drop per 30 m
Record.DropPermittedEveryThirtyMetre	Drop permitted per 30 m (mm)
Record.ResultIndicator	Result
Remark	Remarks (including date of re-test if any)
ReceivingPersonName	Received by
ReceivingPersonTitle	Designation

3.20 WDD - 6.6 - 1.0 (Bearing Expansion Joint Performance)

2006 Edition

APPENDIX 7.17 BEARING AND EXPANSION JOINT PERFORMANCE RECORD FORM

Performance Report on Completion of Works by Approved Specialist Contractors for Bearings and Expansion Joints for Highways Structures

1. Contract No. : [ContractNumber]

2. Project Title : [ProjectTitle]

3. Name of Consultant/A.P./Engineer : [Consultant]

4. Name of Main Contractor : [MainContractor]

5. Approx. Value of Bearings (including installation cost) : HK\$ [BearingValue]

6. Approx. Value of Expansion Joints (including installation cost): HK\$ [ExpansionJointValue]

7. Details of Bearings:

Name of Manufacturer	Type# & Model No.	Name of Specialist Contractor	No. of Bearings Installed	Location (See Note 1)	Standard of Material	Standard of Installation
[Bearing\ Manufacturer]	[Bearing\ TypeModelNumber]	[Bearing\ SpecialistContractor	[Bearing\ InstalledCount]	[Bearing\ InstalledLocation]	[Bearing\ MaterialStandard]	[Bearing\ InstallationStandar
		-		-		
]]
		45		× 8		
	-					

Objective Comments : (See Notes 2-4 for Requirement)

[BearingObjectiveComment]

8. Details of Expansion Joints : Name of No. (Length) Type[#] & Standard of Standard of Name of Location Specialist of Expansion Manufacturer Model No. (See Note 1) Material Installation Joints Installed Contractor [ExpansionJoint\ [ExpansionJoint\ TypeModelNumber] Manufacturer] onJoint\InstalledLocation] [ExpansionJoint\InstallationStandard] [ExpansionJoint\SpecialistContractor] [Expansi [ExpansionJoint\MaterialStandard] [ExpansionJoint\InstalledCountLength] Objective Comments: (See Notes 2-4 for Requirement) [BearingObjectiveComment] Prepared By [PreparedByPersonName] Signed : [PreparingPersonSignature] Name [PreparingPersonName] [PreparingPersonTitle] Post (* Select where appropriate) [PreparingPersonSignatureDate] Date ** : ** in format dd/mm/yyyy Notes: 1. The location of bearings / expansion joints should be specific (e.g. by using chainage system, movement joint no. or column/pier no.) and cross reference to the as-built record. If possible, separate location plans should be enclosed. 2. Description of movement for expansion joints and bearings performed during defects liability period. 3. The comments should included records of movements over one cycle of seasonal change(quarterly) and permissible movement range. 4. To comment on the performance whether the installed components have been performing as Submission of catalogues for bearings and expansion joints is required.

#Bearing Type	##Joint Type	
Rocker Bearing	ACME Trojan TR-300	Glacier-VSL
Roller Bearing	ACME Trojan TR-400	• Honel-132 FB
Knuckle Bearing	 ACME MSB 600 	Honel-132 FS
 Leaf Bearing 	 ASPHAPOL BURIED Joint 	Honel-161 NFS
Sliding Bearing	Britflex BEJ Joint	Honel-162 NFS
 Elastomeric (Rubber) Bearing 	BEJ Expansion Joint	 MAGEBA Expansion Joint
 Pot (Disc)Bearing 	CIPEC Wd80	MAURER-Modular Expression
Strip Bearing	CIPEC Wd110	Joint
 Laminated Bearing 	CIPEC Wd160	 Onflex 25 with Aluminium
 Plain Pad Bearing 	CIPEC Wd230	Panel
Mechanical Bearing : Reston	CIPEC WP180	Onflex 25 with Elaston Panel
 Mechanical Bearing : Maurer- 	 CIPEC W50 	 Onflex 35 with Aluminium
Spherical	CIPEC W110	Panel
 Mechanical Bearing : Maurer- 	CIPEC W160	 Onflex 45 with Aluminium
Pot	CIPEC W200	Panel
 Mechanical Bearing : PSC Disc 	CIPEC W250	 SHO-BOND A-1
(Pot)	 CIPEC WOSd 	 SHO-BOND A-2
Elastomeric Bearing :	 Compression Sealant 	 SHO-BOND A-3
 Reinforced Elastomeric 	 Compressive Rubber 	SHO-BOND New Cut-off Joint
• Elastomeric Sliding	 Felspan Expansion Joint 	WABO Modular Joint
 Laminated and Pain Rubber 	 FREYSSI P30 Joint 	 WABO Stripseal System
 Lasto Elastomeric Bearing 	FREYSSI P50 Joint	 WSF Series of Expansion Joint
Rubber-Metal-Technik (M)	 FREYSSI P80 Joint 	WSL-VSL
SDN BHD	Glacier GBM Series Expansion	 ZEBRAFLEX Bridge Joint
Other (please specify)	Joint	Other (please specify)

(Please contact CHE/B&S, HyD for further information if necessary)

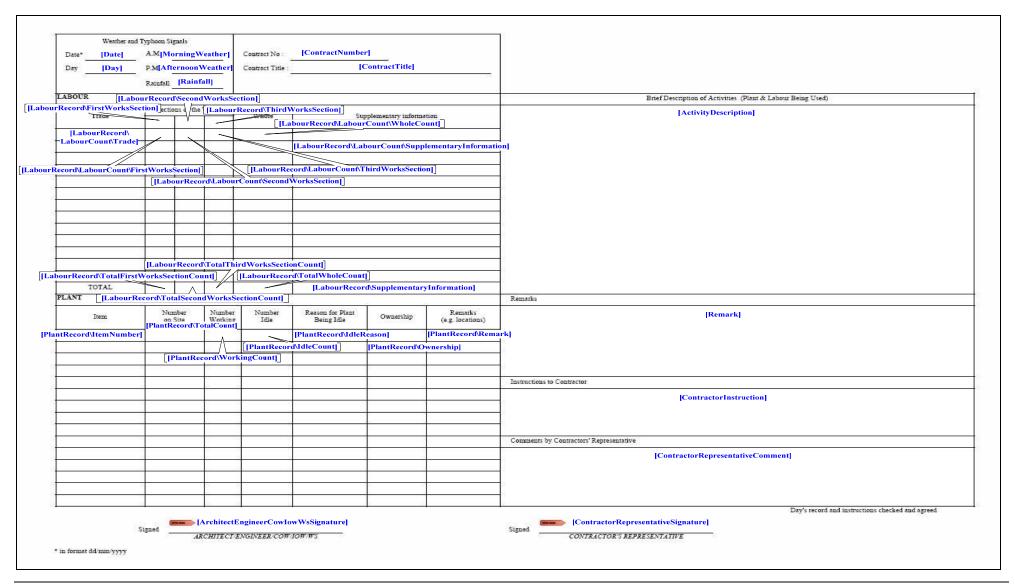
PDF e-form Object Name for data	PDF Form Description				
capture	-				
ContractNumber	1. Contract No				
ProjectTitle	2. Project Title				
Consultant	3. Name of Consultant/A.P./Engineer				
MainContractor	4. Name of Main Contractor				
BearingValue	5. Approx. Value of Bearings				
ExpansionJointValue	6. Approx. Value of Expansion Joints				
7. Details of Bearings					
Bearing.Manufacturer	Name of Manufacturer				
Bearing.TypeModelNumber	Type# & Model No.				
Bearing.SpecialistContractor	Name of Specialist Contractor				
Bearing.InstalledCount	No. of Bearings Installed				
Bearing.InstalledLocation	Location				
Bearing.MaterialStandard	Standard of Material				
Bearing.InstallationStandard	Standard of Installation				
BearingObjectiveComment.	Objective Comments				
BearingDetail	Additional Bearing Comments				
8. Details of Expansion Joints					
ExpansionJoint.Manufacturer	Name of Manufacturer				
ExpansionJoint.TypeModelNumber	Type## & Model No.				
ExpansionJoint.SpecialistContractor	Name of Specialist Contractor				
ExpansionJoint.InstalledCountLength	No. (Length) of Expansion Joints Installed				
ExpansionJoint.InstalledLocation	Location				
ExpansionJoint.MaterialStandard	Standard of Material				
ExpansionJoint.InstallationStandard	Standard of Installation				
ExpansionJointObjectComment	Objective Comments				
ExpansionJoinDetail	Additional Expantion Join Comments				
Prepared By					
PreparedByPersonName	Prepared By				
PreparingPersonSignature	Signed				
PreparingPersonName	Name				
PreparingPersonTitle	Post				
PreparingPersonSignatureDate	Date				

3.21 WDD - 7.0 - 1.0 (Site Instruction)

	APPENDIX 7.5	SITE INSTRUCT	2006 Edition
	AFFENDIA /.S	SHE INSTRUC	HONFORM
	SIT	E INSTRUCTION	
CONTRA	CT NO.	[ContractNum	ber]
FROM	[Sender]	ТО	[Recipient]
SITE INS	TRUCTION NO. [SiteInstructionNumber]	berl DATE*	[Date]
FILE REI	F. [FileReference]	COPIES	[CopyCount]
Drawing	√sketch attached :	[AttachmentFile]	Name]
Drawing	/sketch attached :		Name] [EngineerRepresentativeName] Engineer's Representative
Drawing	√sketch attached :		[EngineerRepresentativeName]
Drawing	/sketch attached :	Received by :	[EngineerRepresentativeName]
Drawing	Top copy - White - File Record Duplicate - Yellow - Contractor Triplicate - Green - Remain in book * in format dd/mm/yyyy ** in format hh.mm.ss	Received by :	[EngineerRepresentativeName] Engineer's Representative [ContractorRepresentativeName]

PDF e-form Object Name for data	PDF Form Description
capture	
ContractNumber	Contract No.
Sender	From
Recipient	To
SiteInstructionNumber	SiteI nstruction No.
Date	Date
FileReference	File Ref.
CopyCount	Copies
Instruction	
AttachmentFileName	Drawing/Sketch attached
EngineerRepresentativeName	Engineer Representative
ContractorRepresentativeName	Contractor Representative
ContractorRepresentativeReceiptDate	Date
ContractorRepresentativeReceiptTime	Time

3.22 WDD - 8.0 - 1.0 (Site Diary)



PDF e-form Object Name for data capture	PDF Form Description
Date	Date
Day	Day
MorningWeather	A.M.
AfternoonWeather	P.M.
Rainfall	Rainfall
ContractNumber	Contract No
ContractTitle	Contract Title
Labour	
LabourRecord.LabourCount.Trade	Trade
-LabourRecord.FirstWorksSectionCount	Sections of the Works
-LabourRecord.SecondWorksSection	
-LabourRecord.ThirdWorksSection	
LabourRecord.LabourCount. WholeCount	Whole
LabourRecord.LabourCount.	Supplementary information
SupplementaryInformation	
-LabourRecord.TotalFirstWorksSectionCount	Total
-LabourRecord.TotalSecondWorksSectionCount	
-LabourRecord.TotalThirdWorksSectionCount	
-LabourRecord.TotalWholeCount	
-	
LabourRecord.TotalCountSupplementaryInforma	
tion	
A stimite Description 1	Drief Description of Astinities Plant 9-
ActivityDescription1	Brief Description of Activities Plant & Labour Being Used
Remark1	Remarks
ContractorInstruction1	Instructions to Contractor
Contractor Representative Comment 1	Comments by Contractors's
ContractorRepresentativeComment	Representative
Plant	Representative
PlantRecord.ItemNumber	Item
PlantRecord.TotalCount	Number on Site
PlantRecord.WorkingCount	Number Working
PlantRecord.IdleCount	Number Idle
PlantRecord.IdleReason	Reason for Plant Being Idle
PlantRecord.Ownership	Ownership
PlantRecord.Remark	Remarks (e.g. locations)
ArchitectEngineerCowIowWsSignature	Architect/Engineer/COW/IOW/WS
ContractorRepresentativeSignature	Contractor's Representative
Contractor Representati vestignature	Contractor & Representative

3.23 WDD - 8.1 - 1.0 (Increment Weather Report)

4	APPENDIX	7.4 IP	NCLEMEN	NT WEA	ATHER	RRE	PORT	FOR!	M			
intract No.	[ContractNumbe	r]					D	de 1:	[Date]			
Rainfall record	ded by the nearest r	ainoauge maint	ained by the Hon	na Kana Obs	ervatory					- N		
	s ending 12:00 mid								Recorde	dRainf	allj	mm
	eather conditions an		d (see below for	legends):								
Inclementwo	eatherRecord\Recor	a.m.		noon	1			p.m	18	_		
Time clementWeatherRec	ord\Record\Weathe	2000	10 11	12	1	2	3	4	5		6	7
Weather cond	\rightarrow			TT	9 1				F	18		T
Works affected	Øl .											
clementWeatherRec			ingWorkerCount		(a.m.) /		IAfterno	onWorke	Countl.			(p.m.)
		[MOTH	ing worker count	1	Jamey		Atterne	on worke	County			(p.m.)
 Proposed ac 	tivities :				[Proposed	lActivity	yl					
5. Actual activit	-				[Actual/	Activity						
D. Fronda Course												
										[Critics	alPath	·WorkIn
6. Was the work	k on the critical pa	th of the work	s programme?								YES	
								IFa	vourable	Weathe	rCond	ditionRe
- Man the Cou	denotes année to co	ands hand consiste	as annotinus b	san farasını	able 2							
7. Was the Con	itractor ready to w	ork had weath	er conditions be	een favour	able?							useDelay
8. Were delays	caused by any oth	er reasons?	er conditions be	een favour	able?					nerReas	YES onCa	
8. Were delays (If YES, state	caused by any other the reasons in "F	er reasons? Remarks")							[Otl	nerReas	YES sonCau YES Measu	useDelay
8. Were delays (If YES, state	caused by any oth	er reasons? Remarks")				eather	?	,	[Otl	nerReas	YES sonCau YES Measu	useDelay
8. Were delays (If YES, state	caused by any other the reasons in "F ractor take any me	er reasons? Remarks") easures to min				eather		FidyDura	[Otl	nerReas	YES sonCau YES Measu	useDelay ureTake
Were delays (If YES, state Did the Control How long did	caused by any other the reasons in "F ractor take any me	er reasons? Remarks") easures to min				eather			[Otl	imizing	YES sonCau YES Measu YES	useDelay ureTake
Were delays (If YES, state Did the Contr	caused by any other the reasons in "F ractor take any me	er reasons? Remarks") easures to min		ts of the inc		eather			[Otl	imizing	YES sonCau YES Measu YES	use Delay
Were delays (If YES, state Did the Control How long did	caused by any other the reasons in "F ractor take any me	er reasons? Remarks") easures to min				eather			[Otl	imizing	YES sonCau YES Measu YES	use Delay
Were delays (If YES, state Did the Control How long did	caused by any other the reasons in "F ractor take any me	er reasons? Remarks") easures to min		ts of the inc		eather			[Otl	imizing	YES sonCau YES Measu YES	use Delay
Were delays (If YES, state Did the Control How long did	caused by any other the reasons in "F ractor take any me	er reasons? Remarks") easures to min afterwards?		ts of the inc		eather			[Otl	imizing	YES sonCau YES Measu YES	use Delay
Were delays (If YES, state Did the Cont How long did Remarks:	caused by any other the reasons in "F ractor take any me	er reasons? Remarks") easures to min afterwards?	nimize the effect	ts of the inc		eather	Initial		[Ott	imizing	YES sonCau YES Measu YES	use Delay
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Were delays of (If YES, state) Did the Contractor's Recommend Prepared by	caused by any other teasons in "Fractor take any more it take to tidy up a claim lation Property Property	er reasons? Remarks*) easures to min afterwards? [C] [F] eparingPersonN eparingPersonN	No. of day(s) ContractorClaim RecommendedClaim	(Remark)	clement w	maa viitersigr	Initial [Controller Reconded by :	FidyDura actorSign: mmendin; [Co	[Ott	TidyD	YES onCat YES Measu YES ours ourstio	use Delay Cure Take Cure Take Don Unit Cure
Were delays of (If YES, state) Did the Contractor of the Contractor's Recommend Prepared by Designation:	caused by any other the reasons in "Fractor take any mediation that is a second to the reasons in "Fractor take to tidy up a second take take take take take take take take	er reasons? Remarks") easures to min afterwards? [C [F eparingPersonN reparingPersonN reditions n ain	No. of day(s) ContractorClaim RecommendedClaim	(Remark)	clement w	ntersigr gnation M A B	Initial [Controller Recommend by :	FidyDura netorSign: mmending [Collected affected by affected aff	[Ott	TidyD	YES onCat YES Measu YES ours ourstio	use Delay Cure Take Cure Take Don Unit Cure
Were delays of (If YES, state) Did the Contractor of the Contractor's Recommend Prepared by Designation:	caused by any other the reasons in "Fractor take any metric take to tidy up a district take any metric take	er reasons? Remarks") easures to min afterwards? [C] [F] eparingPersonN reparingPersonI anditions n rain wind	No. of day(s) ContractorClaim RecommendedClaim	[Remark]	Cour Desi	Intersignation MA B C	Initial [Controller Recond Recond	ridyDura nectorSign: mmending [Conted affected affected is stopped	[Ott	TidyD	YES onCat YES Measu YES ours ourstio	use Delay Cure Take Cure Take Don Unit Cure

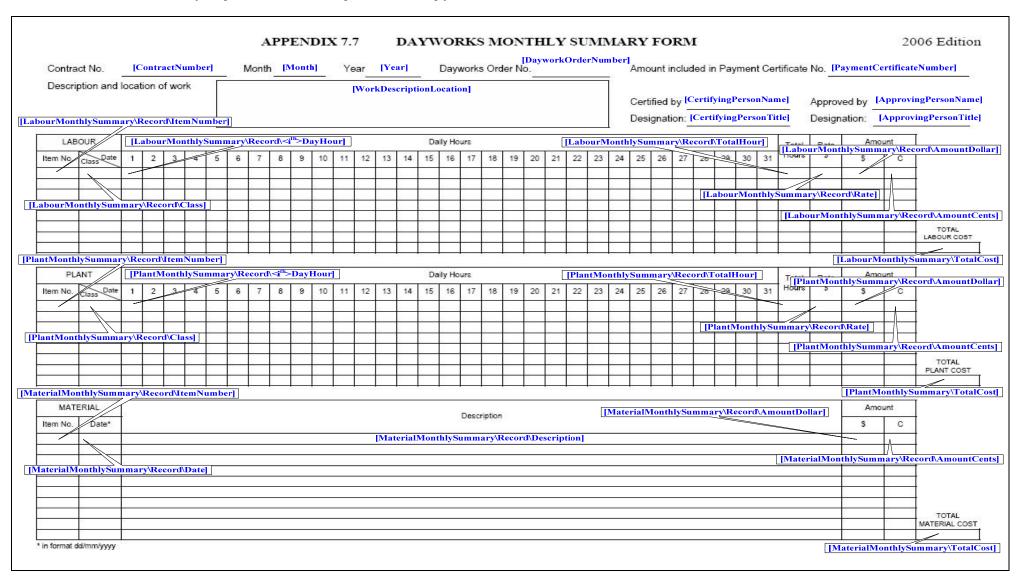
PDF e-form Object Name for data capture	PDF Form Description
ContractNumber	Contract No
Date	Date
RecordedRainfall	mm
InclementWeatherRecord.Record.Time	Time
InclementWeatherRecord.Record.WeatherCondit	Weather condition
ion	
InclementWeatherRecord.Record.AffectedWorks	Works affected
MorningWorkerCount	Number of workers (am)
AfternoonWorkerCount	Number of workers (pm)
- ProposedActivity1	Proposed activities
- ProposedActivity2	_
- ActualActivity1	Actual activities
- ActualActivity2	
CriticalPathWorkIndicator	Was the work on the critical path of the
	works programme?
FavourableWeatherConditionReadyWorkIndicat	Was the Contractor ready to work had
or	weather conditions been favourable?
OtherReasonCauseDelayIndicator	Were delays caused by any other
	reasons?
MinimizingMeasureTakenIndicator	Did the Contractor take any measures to
	minimize the effects of the inclement
	weather?
- TidyDuration	How long did it take to tidy up
- TidyDurationUnitCode	afterwards?
- Remark1	Remarks
- Remark2	
No. of day(s)	Ι α
ContractorClaim	Contractor's claim
RecommendedClaim	Recommendation
Initial	
ContractorSignature	Contractor's claim
RecommendingPersonSignature	Recommendation
PreparingPersonName	Prepared by
PreparingPersonTitle	Designation (Prepared by)
CountersigningPersonName	Countersigned by
CountersigningPersonTitle	Designation (Countersigned by)
InclementWeatherRecord.OtherToBeSpecified	O - Others to be specified

3.24 WDD - 8.2 - 1.0 (Daywork Daily Record)

Description and location of work [WorkDescriptionLocation] LABOUR Real R	Description and location of work [WorkDescriptionLocation] LABOUR [WorkDescriptionLocation] LABOUR [Working Hours per Total Working Hours per Intellectual Working Time ILabourRecord/Overtine Working Time I	Contract No.	[Co	ntractNumber]			Site	Instruction	No	[SiteInstructi	onNumber]
[WorkDescriptionLocation] LABOUR B.Q. Trade of Total Working Time (LabourRecord(Overtime) Indicated Description of Plant Total No. Working Time) [LabourRecord(NormalWorkingTime)] (LabourRecord(Overtime) Indicated Description of Plant Total No. Working Hours per John Indicated Description of Plant Total No. Working Hours per John Indicated Description of Plant Indicated Description Indicated	LABOUR		8						100 E		
LABOUR B.Q. Trade of Total Working Time (LabourRecord(Overtime) Total Working Time) [LabourRecord(LabourCount) time Mours per Mours	LABOUR B.Q. Trade of Total Working Hours per Total Working Hours per ItabourRecord/Overtime ItabourR	Description a	nd location of	work	- 35						
Normal Working Time	B.Q. Trade of Total Working Time Chaerimae Labour Rous per Total Morking Rous per Total Rous per Rous p				[Work	xDescriptionL	ocation]				
B.Q.	B.Q. Trade of No. Working Hours per Total Working Hours per ILabour Record (Indicator No. Working Hours per No. ILabour Record (Indicator No. Ilabour Reco	LABOUR									
Itabour No. Working Hours per Itabour Itabou	Total Working Hours per Total Working Hours per InaburRecord Inab		12000000		- 1	Normal Worl	king Tim	je			
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Designation (Submitted by)	SubmittingPersonTitle	Designation (Submitted by)

3.25 *WDD* – 8.3 – 1.0 (*Daywork Monthly Summary*)



All the objects embedded within the pdf e-form are deta	
PDF e-form Object Name for data capture	PDF Form Description
ContractNumber	Contract No
Month	Month
Year	Year
DayworkOrderNumber	Day works Order No
PaymentCertificateNumber	Amount included in Payment
	Certificate No
-WorkDescriptionLocation1	Description and location of
-WorkDescriptionLocation2	work
CertifyingPersonName	Certified by
CertifyingPersonTitle	Designation (Certified)
ApprovingPersonName	Approved by
ApprovingPersonTitle	Designation (Approved)
LABOUR	
LabourMonthlySummary.Record.ItemNumber	Item No
LabourMonthlySummary.Record.Class	Class
Daily Hours	
LabourMonthlySummary.Record.FirstDayHour	1
LabourMonthlySummary.Record.SecondDayHour	2
LabourMonthlySummary.Record.ThirdDayHour	3
LabourMonthlySummary.Record.FourthDayHour	4
LabourMonthlySummary.Record.FifthDayHour	5
LabourMonthlySummary.Record.SixthDayHour	6
LabourMonthlySummary.Record.SeventhDayHour	7
LabourMonthlySummary.Record.EighthDayHour	8
LabourMonthlySummary.Record.NinthDayHour	9
LabourMonthlySummary.Record.TenthDayHour	10
LabourMonthlySummary.Record.EleventhDayHour	11
LabourMonthlySummary.Record.TwelfthDayHour	12
LabourMonthlySummary.Record.ThirteenthDayHour	13
LabourMonthlySummary.Record.FourteenthDayHour	14
LabourMonthlySummary.Record.FifteenthDayHour	15
LabourMonthlySummary.Record.SixteenthDayHour	16
LabourMonthlySummary.Record.SeventeenthDayHour	17
LabourMonthlySummary.Record.EighteenthDayHour	18
LabourMonthlySummary.Record.NineteenthDayHour	19
LabourMonthlySummary.Record.TwentiethDayHour	20
LabourMonthlySummary.Record.TwentyFirstDayHour	21
LabourMonthlySummary.Record.TwentySecondDayHour	22
LabourMonthlySummary.Record.TwentyThirdDayHour	23
LabourMonthlySummary.Record.TwentyFourthDayHour	24
LabourMonthlySummary.Record.TwentyFifthDayHour	25
LabourMonthlySummary.Record.TwentySixthDayHour	26
LabourMonthlySummary.Record.TwentySeventhDayHour	27
LabourMonthlySummary.Record.TwentyEighthDayHour	28
LabourMonthlySummary.Record.TwentyPignthDayHour	29
LabourMonthlySummary.Record.ThirtiethDayHour	30
LabourMonthlySummary.Record.ThirtyFirstDayHour	31
LabourMonthlySummary Pagerd Pate	Total Hour
LabourMonthlySummary.Record.Rate	Rate
Amount LohoumMonthlySummony Booord AmountDollor	\$
LabourMonthlySummary.Record.AmountDollar	\$

Works Project Information Standard The Release Notes V1.10.00 (Library of the PDF e-Form schema, templates and conversion data files)

The Release Notes V1.10.00 (Library of the PDF e-Form schema,	
PDF e-form Object Name for data capture	PDF Form Description
LabourMonthlySummary.Record.AmountCents	C
LabourMonthlySummary.TotalCost	Total Labour Cost
PLANT	
PlantMonthlySummary.Record.ItemNumber	Item No
PlantMonthlySummary.Record.Class	Class
Daily Hours	
PlantMonthlySummary.Record.FirstDayHour	1
PlantMonthlySummary.Record.SecondDayHour	2
PlantMonthlySummary.Record.ThirdDayHour	3
PlantMonthlySummary.Record.FourthDayHour	4
PlantMonthlySummary.Record.FifthDayHour	5
PlantMonthlySummary.Record.SixthDayHour	6
PlantMonthlySummary.Record.SeventhDayHour	7
PlantMonthlySummary.Record.EighthDayHour	8
PlantMonthlySummary.Record.NinthDayHour	9
PlantMonthlySummary.Record.TenthDayHour	10
PlantMonthlySummary.Record.EleventhDayHour	11
PlantMonthlySummary.Record.TwelfthDayHour	12
PlantMonthlySummary.Record.ThirteenthDayHour	13
	14
PlantMonthlySummary.Record.FourteenthDayHour	15
PlantMonthlySummary.Record.FifteenthDayHour	
PlantMonthlySummary.Record.SixteenthDayHour	16
PlantMonthlySummary.Record.SeventeenthDayHour	17
PlantMonthlySummary.Record.EighteenthDayHour	18
PlantMonthlySummary.Record.NineteenthDayHour	19
PlantMonthlySummary.Record.TwentiethDayHour	20
PlantMonthlySummary.Record.TwentyFirstDayHour	21
PlantMonthlySummary.Record.TwentySecondDayHour	22
PlantMonthlySummary.Record.TwentyThirdDayHour	23
PlantMonthlySummary.Record.TwentyFourthDayHour	24
PlantMonthlySummary.Record.TwentyFifthDayHour	25
PlantMonthlySummary.Record.TwentySixthDayHour	26
PlantMonthlySummary.Record.TwentySeventhDayHour	27
PlantMonthlySummary.Record.TwentyEighthDayHour	28
PlantMonthlySummary.Record.TwentyNinthDayHour	29
PlantMonthlySummary.Record.ThirtiethDayHour	30
PlantMonthlySummary.Record.ThirtyFirstDayHour	31
PlantMonthlySummary.Record.TotalHour	Total Hour
PlantMonthlySummary.Record.Rate	Rate
Amount	
PlantMonthlySummary.Record.AmountDollar	\$
PlantMonthlySummary.Record.AmountCents	C
PlantMonthlySummary.TotalCost	Total Plant Cost
MATERIAL	
MaterialMonthlySummary.Record.ItemNumber	Item No
MaterialMonthlySummary.Record.Date	Date
MaterialMonthlySummary.Record.Description	Description
Amount	Description
MaterialMonthlySummary.Record.AmountDollar	\$
· · · · · · · · · · · · · · · · · · ·	C
MaterialMonthlySummary.Record.AmountCents	
MaterialMonthlySummary.Record	Total Material Cost

3.26 WDD - 9.0 - 1.0 (Site Investigation Result)

Part A	Investigation Information		
Contract No.	: [ContractNumber]	Job No.	: [SiteInvestigationJobNumber]
Location	: [SiteInvestigationLocation]		
Purpose	: [InvestigationPurpose]		
Result:	[Result]		
Attachment Fi			
Attachment Fi AttachmentFile			
[AttachmentFile		mation	
	eName]	mation Title	: [Title] [InvestigatingPerson
[AttachmentFile	Investigation Person Inform		
AttachmentFile Part B Name	Investigation Person Information: [Name]	Title Date and Time	

PDF e-form Object Name for data capture	Title/Description on PDF Form
ContractNumber	Contract No.
SiteInvestigationJobNumber	Job No.
SiteInvestigationLocation	Location
InvestigationPurpose	Purpose
Result	Result
Attachment Filename(s)	AttachmentFileName
InvestigatingPersionDesignation	Part B Investigation Person Information
InvestigatingPersionDesignation\Name	Name
InvestigatingPersionDesignation\Title	Title
InvestigatingPersionDesignation\DigitalSign	Signature
ature	
InvestigatingPersionDesignation\SignatureD	Date and Time
ateTime	
OtherDesignation	Part C Counter-signing Person Information
OtherDesignation\Name	Name
OtherDesignation\Title	Title
OtherDesignation\DigitalSignature	Signature
OtherDesignation\SignatureDateTime	Date and Time

3.27WDD - 11.0 - 1.0 (Contractor's Request for Information Message)

Contract No. Contract Titl		ntractNumber]				
Contract 11th	[Co	ntractTitle]				
		ntractor's F	Requ	est for Iı	nformation	
To:		Recipient] RequestReferenceN		Data: [Par	auastData]	
Subject:	Kei. No.[I	RequestReferenceN	umber	Date. [Rec	quesiDatej	
[RequestSubj	ect]					
Specification	Reference	ce: [Specification]	Refere	ence]		
Drawing Ref Information		[DrawingRefer				
and the second						
[RequestedIn	formation	ıl				
					mentDetail]	
Attachment: [AttachmentIn	dicatorl	Filename	_	scription	Filename	Description
		[AttachmentFileName]	Attachi	nentDescription]		
			[Requ	iiredOnOrBe	eforeDate]	
Prepared by: Requested by		dByJ		Acknowled	dge Receipt with	Date:
	FromRequ	iestor]		Name:	[AcknowledgeRece	
		ersonName]		Title:	[AcknowledgeRece	iptPersonTitle]
Signature: [F	RequestPe	ersonSignature]		Signature:	[AcknowledgeRece	iptPersonSignature]
	CONTRACTOR OF	A CONTRACTOR OF STREET				
	RequestPe	rsonSignDate]		Date:	[AcknowledgeRece	iptDate]

PDF e-form Object Name for data capture	Title/Description on PDF Form
ContractNumber	Contract No.
ContractTitle	Contract Title
ToRecipient	То
RequestReferenceNumber	Submission Ref. No.
RequestDate	Date
RequestSubject	Subject
SpecificationReference	Specification Reference
DrawingReference	Drawing Reference
RequestedInformation	Information Requested
AttachmentIndicator	Attachment
AttachmentDetail\Filename	Filename
AttachmentDetail\AttachmentDescription	Description
RequiredOnOrBeforeDate	The information is required on/before
PreparedBy	Prepared by
FromRequestor	From
RequestPersonName	Name
RequestPersonSignature	Signature
RequestPersonSignDate	Date
AcknowledgeReceiptPersonName	From
AcknowledgeReceiptPersonName	Name
AcknowledgeReceiptPersonSignature	Signature
AcknowledgeReceiptDate	Date

3.28 WDD - 11.1 - 1.0 (Engineer's Response to Contractor's Request for Information Message)

Contract No.: [ContractNumber]	
Contract Title:	
[ContractTitle]	
	NEER'S RESPONSE
Contractor Request Ref. No.: [Contr	S REQUEST FOR INFORMATION (RFI)
Subject:	actorRequestReferenceNumber
[Subject]	
Specification Reference: [Speci	ificationReference]
Drawing Reference:	
[Draw	ringReference]
[214	,
Our Reference: [OurR	Reference
Information Requested by Contracto	
n.c. in c. in c.	
[InformationRequestedByContractor]	
Engineer's Response:	
[EngineerResponse]	
[Engineerteeponde]	
Please be advised that your query of	this RFI is considered as:
☐A) Query is responded as abor	A STATE OF THE STA
☐B) Query not justifiable, infor	rmation can be found in Contract Specfication.
□C) Query not justifiable, infor	rmation can be found in Drawings.
	rmation as queried as in face self-sufficient.
	uery described is unclear and/or irrelevant.
	se refer to my comments as described above.
Signed by: [ResponseSignature]	Distribution Name Info Comments Action
[Assessation Statute]	[Person] [Comments] [Action]
Name: [ResponsePerson]	
Name: [ResponsePerson] Date: [ResponseDate]	
[ResponseDate]	[InformationIndicator]
	[DistributionList]

PDF e-form Object Name for data capture	Title/Description on PDF Form
ContractNumber	Contract No.
ContractTitle	Contract Title
ToRecipient	То
RequestReferenceNumber	Submission Ref. No.
RequestDate	Date
RequestSubject	Subject
SpecificationReference	Specification Reference
DrawingReference	Drawing Reference
RequestedInformation	Information Requested
AttachmentIndicator	Attachment
AttachmentDetail\Filename	Filename
AttachmentDetail\AttachmentDescription	Description
RequiredOnOrBeforeDate	The information is required on/before
PreparedBy	Prepared by
FromRequestor	From
RequestPersonName	Name
RequestPersonSignature	Signature
RequestPersonSignDate	Date
AcknowledgeReceiptPersonName	From
AcknowledgeReceiptPersonName	Name
AcknowledgeReceiptPersonSignature	Signature
AcknowledgeReceiptDate	Date

3.29 WDD - 12.0 - 1.0 (Form 2511 - Request for Insitu Soil Testing Message)

CEDD	: Works Laboratori hnical Engineering Of		For laboratory use only Collection Request No. (CRN		onRequestNumber	
20-60-6			Test Request No. (TRN)		stRequestNumber]	
			OR INSITU SOIL TESTIN	G		
	(Please	e read guidance notes atta	ached prior to completion of this form)			
Account No. (if av	ailable) [AccountNu	mber]	Client Test Request R	ef. No. [ClientTestRec	juestReferenceNumber	
Proposition of the Control Science (owing project information is	f account no is not avails	A SECTION OF STREET STREET, ST			
Client (Works Dep		r account no. is not avana		actNumber]	[Account	
Job Title	[JobTitle]		Job No. [JobNu			
		Section 1 to 10 to	300 No. (300 No.	mocij		
Work/Site Locatio	n [WorkSiteLo	ocationj				
m						
	elect appropriate box)		Description of test		PWLTM No.	
	of GEO Report No. 36	Determination of m-si	tu Bulk Density and In-situ Dry Density ment method sui [DeterminationOfSoilWi	th Constit Douglas of Cultin	OI 9 1/a)	
Test Method	[TestRequestedName]		with small pouring cylinder).		SP 11.1	
rest intention	of GEO Report No. 36					
	[TestRequestedName]	1 Determination of mest	tu Bulk Density and In-situ Dry Density ment method suit [DeterminationOfSoilW		OL 9 1/b)	
Test Method	[TestRequestedName]		l (with large pouring cylinder).		SP 11.2	
Appendix 6.					OI 83	
	[TestRequestedName]	Determination of In-				
	11.3 of Geospec 3.	of soil by Nuclear D	Density Gauge.		SP TestReque	
RS1377-Part 9-	1	Determination of in-	-situ California I [DeterminationOfIn-situ	uCalifornia Bearing P		
Clause 6.6	[TestRequestedName] 8/ Clause 9.44 of GS	J Determination of in	Sita Cantorna I [DeterminationOnn-sit	ucamomabeamgic	inocomentinoj	
for Civil Engi	posting Works 1992	Determination of Re	elative Compaction of fill [Determination	nOfRelativeCompact	ionContentInfol	
Test Method 11	[TestRequestedName]	Total mination of Re	dative compaction of the percommune		SP 11.4	
	3.3A/ 4.3.3B/ 4.3.4A/	,		3		
4.3.4Bof GE	O Report 36(1994 Edition).			S	OL 4.1	
Test 13 of BS13	[TestRequestedName]	Additional Proctor	Test, where appropriate. [Addi	itionalProctorTestCon	tentinfol	
Test Method	10.1/ 10.2/ 10.3/ 10.4/	ī l			SP 10.1 to 10.	
10.5/ 10.6/	10.7/ 10.8 of Geospec 3	61		110	131 10.1 10 10.	
		1				
Others (please Sample details:- Sampling/Testing loc	[Others] eation ⁽¹⁾ : : [Sampli	[OtherDescription]	real [PlanProvideo	d)		
Others (please Sample details:- Sampling/Testing loc Location of borrow a Location plan of test	cation ⁽¹⁾ : : [Sampli trea of fill (if known) ⁽²⁾ : position (Plan reference	[OtherDescription] ingOrTestingLocation] : [LocationOfBorrowA	ferenceNumber]) was	was not provided b		
Others (please Sample details:- Sampling/Testing loc Location of borrow a Location plan of test Test position No. (3)	[Others] cation ⁽¹⁾ : : [Sampli area of fill (if known) ⁽²⁾ : position (Plan reference Grid references/Che	[OtherDescription] ingOrTestingLocation] : [LocationOfBorrowA no.: [LocationPlanRet ainage LocationPlanRet ainag	real ferenceNumber]) was evel Offset	was not provided b	nformation (4)	
Others (please Sample details:- Sampling/Testing loc Location of borrow a Location plan of test	[Others] cation ⁽¹⁾ : : [Sampli area of fill (if known) ⁽²⁾ : position (Plan reference Grid references/Che	[OtherDescription] ingOrTestingLocation] : [LocationOfBorrowA r.no.: [LocationPlanRet ainage	real offset [Offset] was evel offset	was not provided b	nformation (4)	
Others (please Sample details:- Sampling/Testing loc Location of borrow a Location plan of test Test position No. (3)	[Others] cation ⁽¹⁾ : : [Sampli area of fill (if known) ⁽²⁾ : position (Plan reference Grid references/Che	[OtherDescription] ingOrTestingLocation] : [LocationOfBorrowA r.no.: [LocationPlanRet ainage	real ferenceNumber]) was evel Offset	was not provided b	nformation (4)	
Others (please Sample details:- Sampling/Testing loc Location of borrow a Location plan of test Test position No. (3)	[Others] cation ⁽¹⁾ : : [Sampli area of fill (if known) ⁽²⁾ : position (Plan reference Grid references/Che	[OtherDescription] ingOrTestingLocation] : [LocationOfBorrowA r.no.: [LocationPlanRet ainage	real offset [Offset] was evel offset	was not provided b	nformation (4)	
Others (please Sample details:- Sampling/Testing loc Location of borrow a Location plan of test Test position No. (3)	[Others] cation ⁽¹⁾ : : [Sampli area of fill (if known) ⁽²⁾ : position (Plan reference Grid references/Che	[OtherDescription] ingOrTestingLocation] : [LocationOfBorrowA r.no.: [LocationPlanRet ainage	real offset [Offset] was evel offset	was not provided b	nformation (4)	
Others (please Sample details:- Sampling/Testing loc Location of borrow a Location plan of test Test position No. (3)	[Others] cation ⁽¹⁾ : : [Sampli area of fill (if known) ⁽²⁾ : position (Plan reference Grid references/Che	[OtherDescription] ingOrTestingLocation] : [LocationOfBorrowA r.no.: [LocationPlanRet ainage	real offset [Offset] was evel offset	was not provided b	nformation (4)	
Others (please Sample details:- Sampling/Testing loc Location of borrow a Location plan of test Test position No. (3)	[Others] cation ⁽¹⁾ : : [Sampli area of fill (if known) ⁽²⁾ : position (Plan reference Grid references/Che	[OtherDescription] ingOrTestingLocation] : [LocationOfBorrowA r.no.: [LocationPlanRet ainage	real offset [Offset] was evel offset	was not provided b	nformation (4)	
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Others (please Sample details:- Sampling/Testing loc Location of borrow a Location plan of test Test position No. (3)	[Others] cation ⁽¹⁾ : : [Sampli area of fill (if known) ⁽²⁾ : position (Plan reference Grid references/Che	[OtherDescription] ingOrTestingLocation] : [LocationOfBorrowA rno.: [LocationPlanRef ainage Le [Level]	real offset [Offset] was evel offset	was not provided b	nformation (4)	
Others (please Sample details:- Sampling/Testing loc Location of borrow a Location plan of test Test position No. (3) [TestPositionNumber]	[Others] cation ⁽¹⁾ : : [Sampli area of fill (if known) ⁽²⁾ : position (Plan references (Charles (Plan References)) [GridReferences]	[OtherDescription] ingOrTestingLocation] : [LocationOfBorrowA e no.: [LocationPlanRel ainage	real [Offset]) was evel Offset [Offset]	was not provided b	nformation (4)	
Others (please Sample details:- Sampling/Testing loc Location of borrow a Location plan of test Test position No. (3) [TestPositionNumber] Other information/ Oven-drying tempera	[Others] cation ⁽¹⁾ : : [Sampli trea of fill (if known) ⁽²⁾ : position (Plan reference Grid references/Cha [GridReferences]	[OtherDescription] ingOrTestingLocation] : [LocationOfBorrowA Pro.: [LocationPlanRel ainage	real ferenceNumber]) was vel Offset Offset	was not provided by Additional in [Additional Information of the Infor	nformation (4) nation] [SampleDo	
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Other information/ Oven-drying tempera Preliminary test resul	[Others] cation(1)::: [Sampli trea of fill (if known)(2): position (Plan reference Grid references)**Chi [GridReferences] cequirement:-ture of sample shall be: tisis not requireliminaryTestResult]	[OtherDescription] ingOrTestingLocation] : [LocationOfBorrowA Pro.: [LocationPlanRel ainage	real ferenceNumber]) was bevel Offset [Offset]	was not provided by Additional in [Additional Information of the Infor	nformation (4) nation] [SampleDo	
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Other information/ Oven-drying tempera Other information/ Oven-drying tempera Preliminary test result Testing local Other information/ Oven-drying tempera Preliminary test result Testing local	[Others] cation ⁽¹⁾ : : [Sampli trea of fill (if known) ⁽²⁾ : position (Plan reference Grid references/Che [GridReferences] cequirement:- ture of sample shall be: tisis not requireliminaryTestResult] climinaryTestResult]	[OtherDescription] [IngOrTestingLocation] [IngOrtest	real ferenceNumber]) was better the form of the ferenceNumber]) was better the ference was better the ferenc	was not provided to Additional i [AdditionalInform] FaxNumber] [BySignature]	nformation (4) nation] [SampleDo	
Other information/ Oven-drying testing location of borrow a Location of borrow a Location plan of test Test position No. (3) [TestPositionNumber] Other information/n Oven-drying tempera Preliminary test resul Testing location manual Signature Name	[Others] cation(1)::: [Sampli trea of fill (if known)(2): position (Plan reference Grid references/Cht [GridReferences] cequirement:- ture of sample shall be: tisis not requireliminaryTestResult] :: [ShownBySignature] :: [ShownBySignature]	[OtherDescription] [IngOrTestingLocation] [IngOrtest	real ferenceNumber]) was bevel Offset Offset Offset [Offset] Offset [Offset] Offset [Offset] -5C Microwave Oven. state Fax no.:- [PreliminaryTestResult] Test(s) requested by (2):- Signature : [Requested Name : [Requested]	was not provided to Additional i [AdditionalInform] FaxNumber] BySignature] [ByName]	[Othe	
Other information/ Oven-drying tempera Preliminary test result Other information/ Oven-drying tempera Preliminary test result Festion location of test Other information/ Oven-drying tempera Preliminary test result Signature Name Post/Affiliation	[Others] cation(1)::: [Sampli area of fill (if known)(2): position (Plan reference Grid references/Cha [GridReferences] cequirement:- ture of sample shall be: t	[OtherDescription] : [LocationOfBorrowA e.no.: [LocationPlanRef ainage	real ferenceNumber]) was referenceNumber]) refer	was not provided by Additional in [Additional in [Additional Information of the Informati	[Othe	
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Others (please Sample details:- Sample details:- Sampling/Testing loc Location of borrow a Location plan of test Test position Number] Other information/ Oven-drying tempera Preliminary test resul Testing location Signature Name Post/Affiliation Tel. No. Fax No.	[Others] cation ⁽¹⁾ : : [Sampli trea of fill (if known) ⁽²⁾ : position (Plan reference Grid references/Chr [GridReferences] cequirement: ture of sample shall be: t	[OtherDescription] ingOrTestingLocation] : [LocationOfBorrowA e.no.: [LocationPlanRet ainage	real ferenceNumber]) was bevel Offset Offset Offset	was not provided by Additional in [Additional in [Additional Information of the Informati	[Othe	
Other information/ Oven-drying tempera Preliminary testing location Plan of test Other information/ Oven-drying tempera Preliminary test result Testing location Vanne Post/Affiliation Tel. No.	[Others] cation ⁽¹⁾ : : [Sampli trea of fill (if known) ⁽²⁾ : position (Plan reference Grid references/Chr [GridReferences] cequirement:- ture of sample shall be: t	[OtherDescription] ingOrTestingLocation] : [LocationOfBorrowA e.no.: [LocationPlanRet ainage	real ferenceNumber]) was bevel Offset	was not provided by Additional in [Additional in [Additional Information of the Informati	[Othe	
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Others (please Sample details:- Sampling/Testing loc Location of borrow a Location plan of test Test position Number] Other information/ Oven-drying tempera Preliminary test resul Festing location Fel. No. Fax No. Date Others (please sample all services) Fax No. Date Sample details:- Fax No. Date	[Others] cation(1)::: [Sampli area of fill (if known)(2): position (Plan reference Grid references/Cha [GridReferences] cequirement:- ture of sample shall be: tisis not requireliminaryTestResult] :: [ShownBySignature]: [ShownByFat]: [ShownByFat]: [ShownByFat]: [ShownByFat]: [ShownByFat]: [ShownByFat]: [ShownByFat]: [ShownByDate] the name and address to certificate(s) from the l	[OtherDescription] ingOrTestingLocation] : [LocationOfBorrowA Pro.: [LocationPlanRef ainage LocationPlanRef aina	real ferenceNumber]) was bevel Offset Offset	was not provided by Additional i [Additional i [AdditionalInform]] FaxNumber] BySignature] ByName] ByPost] ByFeshoneNumber ByFaxNumber] ByDate] "To be collected"	[Other authorized]	

PDF e-form Object Name for data capture	Title/Description on PDF Form
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\ConcettonKequestVumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
·	Client Test Request Ref. No.
AccountInfoContent\ClientTestRequestRefer enceNumber	Chefit Test Request Ref. No.
	Client (Works Dept/Office)
AccountInfoContent\Client AccountInfoContent\ContractNumber	Client (Works Dept/Office) Contract No.
,	
AccountInfoContent\JobTitle	Job Title
AccountInfoContent\JobNumber	Job No.
AccountInfoContent\WorkSiteLocation	Work/Site Location
TestRequestedContent\DeterminationOfSoil	Determination of In-situ Bulk Density
WithSmallPouringCylinderContentInfo	(with small pouring cylinder)
TestRequestedContent\DeterminationOfSoil	Determination of In-situ Bulk Density
WithLargePouringCylinderContentInfo	(with large pouring cylinder)
TestRequestedContent\DeterminationOfSoil	Determination of In-situ Bulk Density by
ByNuclearDensityGaugeContentInfo	Nuclear Density Gauge
TestRequestedContent\DeterminationOfIn-	Determination of in-situ California
situCaliforniaBearingRatioContentInfo	
TestRequestedContent\DeterminationOfRelat	Determination of Relative Compaction
iveCompactionContentInfo	
TestRequestedContent\AdditionalProctorTest	Additional Proctor Test, where appropriate.
ContentInfo	
TestRequestedContent\Others	Others (please specify)
TestRequestedContent\OtherDescription	
SampleDetailsContent	Sample details:-
SampleDetailsContent\SamplingOrTestingLo	Sampling/Testing location
cation	
SampleDetailsContent\LocationOfBorrowAr	Location of borrow area of fill (if
ea	known)(2):
SampleDetailsContent\LocationPlanReferenc	Location plan of test position (Plan
eNumber	reference no.:
SampleDetailsContent\PlanProvided	was not provided by client.
SampleDetailsContent\SampleDetailsRecord	Test position No.
Content\TestPositionNumber	
SampleDetailsContent\SampleDetailsRecord	Grid references/Chainage
Content\GridReferences	
SampleDetailsContent\SampleDetailsRecord	Level
Content\Level	
SampleDetailsContent\SampleDetailsRecord	Offset
Content\Offset	
SampleDetailsContent\SampleDetailsRecord	Additional information
Content\AdditionalInformation	
OtherInfoContent	Other information/requirement:-
OtherInfoContent\OvenDryTemperature	Oven-drying temperature of sample shall
	be:
OtherInfoContent\PreliminaryTestResult	Preliminary test result
OtherInfoContent\PreliminaryTestResultFax	If require, please state Fax No.:-
Number	

Works Project Information Standard The Release Notes V1.10.00 (Library of the PDF e-Form schema, templates and conversion data files)

The Release Potes VIII of Cherry of the PBT C	
AuthorizationContent\ShownBySignature	Signature
AuthorizationContent\ShownByName	Name
AuthorizationContent\ShownByPost	Post/Affiliation
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umber	
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AuthorizationContent\ShownByDate	Date
AuthorizationContent\RequestedBySignature	Signature
AuthorizationContent\RequestedByName	Name
AuthorizationContent\RequestedByPost	Post/Affiliation
AuthorizationContent\RequestedByTelephon	Tel. No.
eNumber	
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ber	
AuthorizationContent\RequestedByDate	Date
ToBeDeliveredContent	Fil in the box below the name and
	address
ToBeDeliveredContent\ToBeCollected	"To be collected"
ToBeDeliveredContent\DeliveryName	Name
ToBeDeliveredContent\DeliveryAddress	Address

3.30 WDD - 12.1 - 1.0 (Form 2112 - Request for Bituminous Materials Testing Message)

	121 32 22	For laboratory use only	
Public Works Laboratories Geotechnical Engineering Office, Hong Kong		Collection Request No. (CRN)	[CollectionRequestNumber
		Test Request No. (TRN)	[TestRequestNumber]
			[restrequest varioer]
	Water Control of the	BITUMINOUS MATERIALS	water transport and a state of the section of the s
Account No. (if available)	[AccountNumber]	Client Test Request Ref. No.	[ClientTestRequestReferenceNumber]
Client (Works Dept/Office)	information if account no. is not availab [Client]	Contract No. [ContractNumber	a' Channa
•	[JobTitle]	9.000.08	[AccountIn
Job Title Work/Site Location		Job No. [JobNumber]	
WOIK/Site Location	[WorkSiteLocation]		
Test requested (Select appro	priate box)	Description of test	PWLTM No.
ASTM D2172-PO V d	Determination of bitu	men content of bituminous paving materials b	y BIT 3.1) H [RecordD2172]
ASTM D2172-	centrifuge extractor		(a) / (b)
ASTM C117-87 Proces	lure B and Determination of aggreg following modifications:	ate grading of bituminous paving materials with the	BIT 3.2
[TestReque	estedName] (a) B:	S sieves are used instead of ASTM sieves;	[RecordC117]
ASTM C117-	(b) Ti	he sample mass is smaller than ASTM requirement; he manner of hand sieving is in accordance with	BIT 3 TestReques
— C136- 90a		S812:Section 103.1:1985	Justine
ASTM D2726-88		specific gravity and density of compacted de	
ASTM D2726- [TestReque	bituminous paving ma specimens that contain	aterials using saturated surface-dry specimens	for [RecordD2726]
ASTM D2041-78	specificis that contain	ii iioistaic	BIT 3.5
ASTM D2041- [TestReque		oretical maximum S.G. (Rice's S.G.) of bitu	
The manomete vacuum gauge	paving materials using	g Type A container, weighing in water method	(a) / (b)
ASTM D3203-	Determination of air v	void content of compacted bituminous paving	BIT 2
ASTM D3203-	materials		[RecordD3203]
ASTM D6307- [TestReque	Determination of air v materials	void content of compacted bituminous paving	H [RecordD6307]
ASTM D2172-		binder content of polymer modified bituminous	
ASTM D6307-	materials in accordance contract	with Appendix 9.2 of the Particular Specification	1 Ion [RecordD2172D6307]
Others (please specify)	Internal Internal		27 28 2
Uniters (piease specify)	[Others] [OtherDescription]		
Sample details:-			
Type of mixture : [TypeC		HyD mix ref. ; [HyDMixReference	ce]
Laying location : [Laying Weight of bulk sample : [Weight	gLocation]	D. t 6 Vi - 6 I - i [Date Off compline	Sand avinal [SampleDeta
	leNumber] kg ;	Date of sampling & laying : [DateOfSampling.	AndLayingj
[PresenceOf		0fResult]	4000
Other information/reque	ydrated lime / fiber: Yes /	□ No	[ASTMD979]
	ate whether the sample was obtained		/ No / Uncertain
For the bulk sample, please indic			
For the core sample, please indic	ate where reference Rice's S.G. show	uld be obtained from:-	
For the core sample, please indic (e.g. Test Request No., Sample	ate where reference Rice's S.G. shown No., etc.) [RiceSGReferenceNumb	uld be obtained from:- ber]	Sumber] [Other]
For the core sample, please indic (e.g. Test Request No., Sample Preliminary test results is/	ate where reference Rice's S.G. shot No., etc.) [RiceSGReferenceNumt] is not required. If required, pl	uld be obtained from:- ber] ease state Fax No.: [PreliminaryTestResultFaxN	Number] [Other]
For the core sample, please indic (e.g. Test Request No., Sample Preliminary test results is / Notes:- (1 [PreliminaryTes	ate where reference Rice's S.G. shot No., etc.) [RiceSGReferenceNumt is not required. If required, pl	uld be obtained from:- ber] ease state Fax No.: [PreliminaryTestResultFaxNofficer or above.	Number] [Other]
For the core sample, please indie (e.g. Test Request No., Sample Preliminary test results is / Notes: (1 [PreliminaryTes (2) To be completed	ate where reference Rice's S.G. shot No., etc.) [RiceSGReferenceNumt] is not required. If required, pl tResult] works supervisor grade by a project inspectorate grade office	uld be obtained from:- ber] ease state Fax No.: [PreliminaryTestResultFaxNofficer or above.	Sumber] [Otherli
For the core sample, please indie (e.g. Test Request No., Sample Preliminary test results is / Notes: (1	ate where reference Rice's S.G. shot No., etc.) [RiceSGReferenceNumt] is not required. If required, place is not required in supervisor grade by a project inspectorate grade office by (f):- abySignature]	uld be obtained from:- ber] ease state Fax No.: [PreliminaryTestResultFaxNofficer or above. er or above (or his delegate). Test(s) requested by (2):- Signature : [RequestedBySignate]	ure]
For the core sample, please indic (e.g. Test Request No., Sample Preliminary test results is / Notes: (1 PreliminaryTes (2) To be completed Sample(s) delivery supervised Signature Shown Shown	ate where reference Rice's S.G. shot No., etc.) [RiceSGReferenceNumt is not required. If required, pl aresult] works supervisor grade by a project inspectorate grade office by (1):- nBySignature] nByName]	uld be obtained from:- ber] ease state Fax No.: [PreliminaryTestResultFaxNofficer or above. er or above (or his delegate). Test(s) requested by (2):- Signature : [RequestedBySignatName : [RequestedByName]]	ure]
For the core sample, please indie (e.g. Test Request No., Sample Preliminary test results is / Notes: (1 Preliminary Test (2) To be competed Sample(s) delivery supervised Signature : [Shown Post/Affiliation : [Shown Po	ate where reference Rice's S.G. shot No., etc.) [RiceSGReferenceNumt] is not required. If required, place is not required in supervisor grade by a project inspectorate grade office by (f):- abySignature]	uld be obtained from:- ber] ease state Fax No.: [PreliminaryTestResultFaxNofficer or above, er or above (or his delegate). Test(s) requested by (2):- Signature : [RequestedBySignat Name : [RequestedByName] Post/Affiliation : [RequestedByPost]	ure] [Authorizat
For the core sample, please indie (e.g. Test Request No., Sample Preliminary test results is/ Notes: (1	ate where reference Rice's S.G. shot No., etc.) [RiceSGReferenceNumt] is not required. If required, plur a project inspectorate grade office by 4 project inspectorate grade office by (f):- habySignature] hByName] hByPost]	uld be obtained from:- ber] ease state Fax No.: [PreliminaryTestResultFaxNofficer or above. er or above (or his delegate). Test(s) requested by (2):- Signature : [RequestedBySignatName : [RequestedByName]]	ure] [Authorizat
For the core sample, please indic (e.g. Test Request No., Sample Preliminary test results is / Notes: (1 PreliminaryTes (2) To be completed Sample(s) delivery supervised Signature Shown Name Shown Tel. No. Shown Tel. N	ate where reference Rice's S.G. shot No., etc.) [RiceSGReferenceNumt is not required. If required, pl tresult] works supervisor grade by a project inspectorate grade office by (i): BySignature] ByPost] ByPost] ByTelephoneNumber]	uld be obtained from:- ber] ease state Fax No.: [PreliminaryTestResultFaxNofficer or above. er or above (or his delegate). Test(s) requested by (2):- Signature : [RequestedBySignat Name : [RequestedByName] Post/Affiliation : [RequestedByPost] Tel. No. : [RequestedByTelept]	ure] [Authorizat
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For the core sample, please indice (e.g. Test Request No., Sample Preliminary test results is / is / Notes:- (1	ate where reference Rice's S.G. shot No., etc.) [RicesGReferenceNumt is not required. If required, plus works supervisor grade by the project inspectorate grade office by the project inspector grade	uld be obtained from:- ber] ease state Fax No.: [PreliminaryTestResultFaxNofficer or above. er or above (or his delegate). Test(s) requested by (2):- Signature : [RequestedBySignat Name : [RequestedByName] Post/Affiliation : [RequestedByPost] Tel. No. : [RequestedByTelept Fax No. : [RequestedByFaxNu] Date : [RequestedByDate]	ure] [Authorizat ioneNumber] imber]
For the core sample, please indic (e.g. Test Request No., Sample Preliminary test results is / is / Notes: - (1	ate where reference Rice's S.G. shot No., etc.) [RiceSGReferenceNumt] is not required. If required, pl tresult] works supervisor grade by a project inspectorate grade office by (b):	uld be obtained from:- ber] ease state Fax No.: [PreliminaryTestResultFaxNofflicer or above. er or above (or his delegate). Test(s) requested by (2):- Signature : [RequestedBySignat Name : [RequestedByName] Post/Affiliation : [RequestedByPost] Tel. No. : [RequestedByTelept Fax No. : [RequestedByFaxNu] Date : [RequestedByDate]	ure] [Authorizat noneNumber] nmber]

PDF e-form Object Name for data capture	Title/Description on PDF Form
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
AccountInfoContent\ClientTestRequestRefer	Client Test Request Ref. No.
enceNumber	Chefit Test Request Ref. 140.
AccountInfoContent\Client	Client (Works Dept/Office)
AccountInfoContent\ContractNumber	Contract No.
AccountInfoContent\JobTitle	Job Title
AccountInfoContent\JobNumber	Job No.
AccountInfoContent\WorkSiteLocation	Work/Site Location
TestRequestedContent\RecordD2172	Determination of bitumen content of
	bituminous paving materials by
TestRequestedContent\RecordC117	Determination of aggregate grading of
TestRequestedContent\RecordD2726	Determination of bulk specific gravity and
, '	density of
TestRequestedContent\RecordD2041	Determination of theoretical maximum
	S.G
TestRequestedContent\RecordD3203	Determination of air void content of
TestRequestedContent\RecordD6307	Determination of air void content of
TestRequestedContent\RecordD2172D6307	Determination of total binder content of
TestRequestedContent\Others	Others (please specify)
TestRequestedContent\OtherDescription	
SampleDetailsContent	Sample details:-
SampleDetailsContent\TypeOfMixture	Type of mixture
SampleDetailsContent\HyDMixReference	HyD mix ref.
SampleDetailsContent\LayingLocation	Laying location
SampleDetailsContent\WeightOfBulkSample	Weight of bulk sample
SampleDetailsContent\DateOfSamplingAnd	Date of sampling & laying
Laying	
SampleDetailsContent\SampleNumber	Sample No.
OtherInfoContent	Other information/requirement
OtherInfoContent\PresenceOfType	Presence of
OtherInfoContent\PresenceOfResult	fiber:
OtherInfoContent\ASTMD979	with ASTM D979
OtherInfoContent\RiceSGReferenceNumber	(e.g. Test Request No., Sample No., etc.)
OtherInfoContent\PreliminaryTestResult	Preliminary test results
OtherInfoContent\PreliminaryTestResultFax	If require, please state Fax No.:-
Number	
AuthorizationContent\ShownBySignature	Signature
AuthorizationContent\ShownByName	Name
AuthorizationContent\ShownByPost	Post/Affiliation
AuthorizationContent\ShownByTelephoneN	Tel. No.
umber	T. W.
AuthorizationContent\ShownByFaxNumber	Fax No.
AuthorizationContent\ShownByDate	Date
AuthorizationContent\RequestedBySignature	Signature
AuthorizationContent\RequestedByName AuthorizationContent\RequestedByPost	Name Post/Affiliation
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Works Project Information Standard
The Release Notes V1.10.00 (Library of the PDF e-Form schema, templates and conversion data files)

AuthorizationContent\RequestedByTelephon	Tel. No.
eNumber	
AuthorizationContent\RequestedByFaxNum	Fax No.
ber	
AuthorizationContent\RequestedByDate	Date
ToBeDeliveredContent	Fil in the box below the name and
	address
ToBeDeliveredContent\ToBeCollected	"To be collected"
ToBeDeliveredContent\DeliveryName	Name
ToBeDeliveredContent\DeliveryAddress	Address

3.31 WDD - 12.2 - 1.0 (Form 2113 - Request for Aggregate Testing Message)

AT HIT PLANS	ooratories	For laboratory use only Collection Request No. (CRN)	[CollectionRequestNumb
Geotechnical Engineering Office, Hong Kong		Test Request No. (TRN)	[TestRequestNumber]
_			
A assumt No. (if available)		ST FOR AGGREGATES	Sprace accommodate their res
Account No. (if available) [A Please provide the following project info	AccountNumber] formation if account no. is not availal	Client Test Request Ref. No. [c	TientTestRequestReferenceNumber
	Client]	Contract No. [ContractNumber]	[Account
	obTitle]	Job No. [JobNumber]	
Work/Site Location	VorkSiteLocation]		
Test requested (Select appropris	ate box)	Description of test	PWLTM No.
BS812:Sect.10 [TestRequested	dName] Determination of partic	ele size distribution of aggregate by sieve analysis	AGG 1.1
BS812:Part 1:1 [TestRequested	fName] Determination of clay,	slit & dust content in fine or coarse aggregate by decar	AGG 1.4
BS812:Section [TestRequested	dName] Determination of aggre	gate particle shape (flakiness index)	AGG 1.5
BS812:Section [TestRequested	dName] Determination of aggre	gate particle shape (elongation index)	AGG 1.6
BS812:Part 2:1 [TestRequested		ive densities & water absorption of aggregate with n using a wire mesh basket	AGG 2.1(a)
BS812:Part 2:1 [TestRequested	Determination of relati	ive densities & water absorption of aggregate with n	AGG 2.1(b)
Appendix 5.2 TestRequested	Data di di Cal	[De012Dest112Ageregatelmonat	AGG 2.3
Engineering W TestRequested			egateCrushi 3.1
BS812:Part 11 [TestRequested	Determination of aggre	gate crushing value (standard size / non-	
	[Bs812Part111Sizi	ng] idard) gate ten per cent fines value (dry / soaker	d:
BS812:Part 11 [TestRequested	standard size /	non-standard siz [Bs812Part111AggregateTenl	AGG 3.3
Others (please TestRequestee	gLocation]	centFinesValue]	
Sample details:-	gLocation] fMaterial]	centFinesValue]	
Sample details:- Sampling location : [Sampling Source of material : [SourceOf	gLocation] fMaterial]	Sample mass Remarks	
Sample details:- Sampling location : [Sampling Source of material : [SourceOf Samples taken by : [Samples]	gLocation] [Material] TakenBy] Client sample No. ntSampleNumber] [Sam	Sample mass Remarks]	arks [Samp
Sample details:- Sampling location : [Sampling Source of material : [SourceOf Samples taken by : [Samples]	gLocation] [Material] TakenBy] Client sample No. ntSampleNumber] [Sam	Sample mass Rem	
Sample details:- Sampling location : [Sampling Source of material : [SourceOf Samples taken by : [Samples]	gLocation] [Material] TakenBy] Client sample No. ntSampleNumber] [Sam	Sample mass Remarks]	
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Sample details:- Sampling location : [Sampling Source of material : [SourceOi Samples taken by : [Samples] Type of material [TypeOfMaterial] [Clienter of the content of	gLocation] [Material] TakenBy] Client sample No. IntSampleNumber] [SampleD]	Sample mass Remarks] [Remarks] [Remarks] [ObtainBS812Part10219	[Samp
Sample details:- Sampling location : [Sampling Source of material : [SourceOf Samples taken by : [Samples] Type of material [TypeOfMaterial] [Client Other information/requirement:- Please indicate whether the sample views of the views of the sample views of the	gLocation] [Material] TakenBy] Client sample No. ntSampleNumber] [SampleD was obtained in accordance with	Sample mass Remarks] [Remarks] [Remarks] [ObtainBS812Part10219 [BS812:Part 102:1989: Yes / No	[Samp
Sample details:- Sampling location : [Sampling Source of material : [SourceOi Samples taken by : [Samples] Type of material [TypeOfMaterial] [Clienter of the content of	gLocation] [Material] [TakenBy] Client sample No. IntSampleNumber] [SampleD IntSampleD IntSampleD	Sample mass Remarks] [Remarks] [Remarks] [ObtainBS812Part10219 [BS812:Part 102:1989: Yes / No	[Samp
Sample details:- Sampling location : [Sampling Source of material : [SourceOf Samples taken by : [Samples] Type of material [Client	gLocation] [Material] [TakenBy] Client sample No. IntSampleNumber] [SampleD IntSampleNumber] [SampleD IntSampleNumber] IntSampleNum	Sample mass Remarks] [Remarks] [Remarks] [ObtainBS812Part10219 [BS812:Part 102:1989: Yes / No vailable] [lease state Fax No.: [PreliminaryTestResultFaxNu officer or above.]	[Samp
Sample details:- Sampling location : [Sampling Source of material : [SourceOf Samples taken by : [Samples] Type of material [Client	gLocation] [Material] [TakenBy] Client sample No. IntSampleNumber] [SampleD IntsampleNumber] [SampleD IntsampleNumber] IntsampleNum	Sample mass Remarks] [Remarks] [Remarks] [ObtainBS812Part10219 [BSS12:Part 102:1989: Yes / No vailable] [lease state Fax No.: [PreliminaryTestResultFaxNu officer or above.]	[Samp
Sample details:- Sampling location : [Sampling Source of material : [SourceOf Samples taken by : [Samples]] Type of material [Client	gLocation] [Material] [TakenBy] Client sample No. IntSampleNumber] [SampleD was obtained in accordance with Yes / No / [CertificateAt is not required. If required, p continuous supervisor grade a project inspectorate grade office (D):-	Sample mass Remarks] pleMass] [Remarks] petailsRecordContent] [ObtainBS812Part10219 BS812:Part 102:1989: Yes / No wailable] please state Fax No.: [PreliminaryTestResultFaxNustreer or above. Previous feet or above (or his delegate). Test(s) requested by (2):-	[Samp 989] [Uncertain nmber] [Othe
Sample details:- Sampling location : [Sampling Source of material : [SourceOf Samples taken by : [Samples] Type of material [Client	gLocation] [Material] TakenBy] Client sample No. ItSampleNumber] [SampleD was obtained in accordance with Yes / No / [CertificateAv is not required, If required, p sult] vorks supervisor grade a project inspectorate grade office (D):- Signature]	Sample mass Remarks] [Remarks] [Remarks] [ObtainBS812Part10219 [BSS12:Part 102:1989: Yes / No vailable] [lease state Fax No.; [PreliminaryTestResultFaxNu officer or above.]	[Samp 989] [Uncertain mmber] [Othe
Sample details:- Sampling location : [Sampling Source of material : [SourceOf Samples taken by : [Samples] Type of material [TypeOfMaterial] [Clien Other information/requirement:- Please indicate whether the sample vocation of sampling available: [Preliminary test results is / [Preliminary TestRe (2) To be completed by a sample(s) delivery supervised by Sample(s) delivery supervised by Signature : [ShownByS	gLocation] [Material] TakenBy] Client sample No. mtSampleNumber] [SampleD SampleD Was obtained in accordance with Yes / No / [CertificateAv is not required, p sult] works supervisor grade a project inspectorate grade office in: Signature] Same]	Sample mass Remarks] plemass] plemass] [Remarks] [ObtainBS812Part10219 BS812:Part 102:1989: Yes / No vailable] lease state Fax No.: [PreliminaryTestResultFaxNu officer or above. per or above (or his delegate). Test(s) requested by (3):- Signature : [RequestedBySignature]	[Samp 989] [Uncertain nmber] [Othe
Sample details:- Sampling location : [Sampling Source of material : [SourceOf Samples taken by : [Samples]] Type of material [Clien] [TypeOfMaterial] [Clien] Other information/requirement:- Please indicate whether the sample was certificate of sampling available: [Preliminary test results is / [Preliminary TestRe (2) To be completed by a Sample(s) delivery supervised by (Signature : [ShownByN Name : [ShownByN Name : [ShownByN Name : [ShownByN Tel. No. : [ShownByT	gLocation] [Material] TakenBy] Client sample No. mtSampleNumber] [SampleD SampleD Was obtained in accordance with Yes / No / [CertificateAv is not required, p sult] works supervisor grade a project inspectorate grade office in: Signature] Same]	Sample mass Remarks] PetailsRecordContent	[Samp 989] [Uncertain nmber] [Othe
Sample details:- Sampling location : [Sampling Source of material : [SourceOf Samples taken by : [Samples]] Type of material [Client	gLocation] [Material] TakenBy] Client sample No. ItSampleNumber] [SampleD] was obtained in accordance with Yes / No / [CertificateAv is not required. If required, p esult] orks supervisor grade a project inspectorate grade office to p: cost] Signature] vame] Post] FelephoneNumber] FaxNumber]	Sample mass Remarks plemass [Remarks] petailsRecordContent	[Samp 189] Uncertain Imber Othe Authorize Authorize
Sample details:- Sampling location : [Sampling Source of material : [SourceOf Samples taken by : [Samples]] Type of material [Clien] [TypeOfMaterial] [Clien] Other information/requirement:- Please indicate whether the sample was certificate of sampling available: [Preliminary test results is / [Preliminary TestRe (2) To be completed by a Sample(s) delivery supervised by (5) Signature : [ShownByN Name : [ShownByN Tel. No. : [ShownByP Tel. No. : [ShownByF Tel. No. : [ShownByF Date : [ShownByF	gLocation] [Material] [TakenBy] Client sample No. IntSampleNumber] [SampleD IntsampleNumber] [SampleD IntsampleNumber] IntsampleNum	Sample mass Remarks] CobtainBS812Part10219 EBS812:Part 102:1989: Yes / No Yes / Yes / No Yes / No Yes / Yes / No Yes / No Yes / No Yes / Yes / No Yes / No Yes / Yes / No Yes / No Yes / No Yes / Y	[Samp Samp Samp
Sample details:- Sampling location : [Sampling Source of material : [SourceOf Samples taken by : [Samples]] Type of material [Clien] [TypeOfMaterial] [Clien] Other information/requirement:- Please indicate whether the sample was certificate of sampling available: [Preliminary test results is / [Preliminary TestRe (2) To be completed by a Sample(s) delivery supervised by (5) Signature : [ShownByN Name : [ShownByN Tel. No. : [ShownByP Tel. No. : [ShownByF Tel. No. : [ShownByF Date : [ShownByF	gLocation] [Material] TakenBy] Client sample No. IntSampleNumber] [SampleD IntSampleNumber] [SampleD IntSampleD IntSamp	Sample mass Remarks] Contain Branch	[Samp Samp Samp
Sample details:- Sampling location : [Sampling Source of material : [SourceOf Samples taken by : [Samples]] Type of material [Clier] Type of material [Clier] Other information/requirement:- Please indicate whether the sample value of sampling available: [Preliminary test results is / [Preliminary TestRe (2) To be completed by a Sample(s) delivery supervised by (Signature : [ShownByName : [ShownByName : [ShownByTel. No. : [ShowByTel. No. : [ShowByTel. No. : [ShowByTel. No. : [ShowByTel. No. : [ShowBy	gLocation] [Material] TakenBy] Client sample No. IntSampleNumber] [SampleD IntSampleNumber] [SampleD IntSampleD IntSamp	Sample mass Remarks] CobtainBS812Part10219 EBS812:Part 102:1989: Yes / No Yes / Yes / No Yes / No Yes / Yes / No Yes / No Yes / No Yes / Yes / No Yes / No Yes / Yes / No Yes / No Yes / No Yes / Y	[Samp Samp Samp
Sample details:- Sampling location : [Sampling Source of material : [SourceOf Samples taken by : [Samples] Type of material [Clier [TypeOfMaterial] [Clier [TypeOfMateri	gLocation] [Material] [TakenBy] Client sample No. IntSampleNumber] [SampleD was obtained in accordance with Yes / No / [CertificateAv is not required. If required, p esult] vorks supervisor grade a project inspectorate grade office [Signature] Vorks Supervisor grade Post] FelephoneNumber] FaxNumber] Joate] dddress to which the test certificate from the laboratory in person.	Sample mass Remarks] Contain Branch	[Samp [Samp [Samp [Nonertain are a continuous and a co
Sample details:- Sampling location : [Sampling Source of material : [SourceOf Samples taken by : [Samples] Type of material [Clier [TypeOfMaterial] [Clier [TypeOfMateri	gLocation] [Material] [TakenBy] Client sample No. IntSampleNumber] [SampleD IntSampleNumber] [SampleD IntSampleNumber] IntSampleNum	Sample mass Remarks] Contain Branch	[Samp [Samp [Samp [Nonertain are a continuous and a co

PDF e-form Object Name for data capture	Title/Description on PDF Form
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
AccountInfoContent\ClientTestRequestRefer	Client Test Request Ref. No.
enceNumber	-
AccountInfoContent\Client	Client (Works Dept/Office)
AccountInfoContent\ContractNumber	Contract No.
AccountInfoContent\JobTitle	Job Title
AccountInfoContent\JobNumber	Job No.
AccountInfoContent\WorkSiteLocation	Work/Site Location
TestRequestedContent\TestRequestedName	Test requested (Select appropriate box)
TestRequestedContent\Bs812Part112AAggre	Determination of aggregate impact value (
gateImpactValue	
TestRequestedContent\	Determination of aggregate crushing value (
Bs812Part112AAggregateCrushingValue	
TestRequestedContent\Bs812Part111Sizing	Determination of aggregate ten per cent
	fines value
TestRequestedContent\	
Bs812Part111AggregateTenPercentFinsValu	
e	
TestRequestedContent\OtherDescription	
SampleDetailsInfo	Sample details:-
SampleDetailsInfo\SamplingLocation	Sampling location
SampleDetailsInfo\SourceOfMaterial	Source of material
SampleDetailsInfo\SamplesTakenBy	Samples taken by
SampleDetailsInfo\SampleDetailsRecordCon	Type of material
tent\TypeOfMaterial	
SampleDetailsInfo\SampleDetailsRecordCon	Client sample No.
tent\ClientSampleNumber	C 1
SampleDetailsInfo\SampleDetailsRecordCon	Sample mass
tent\SampleMass	Domonto
SampleDetailsInfo\SampleDetailsRecordCon	Remarks
tent\Remarks OtherInfoContent	Other information/requirement
OtherInfoContent\ObtainBS812Part1021989	Other information/requirement BS812:Part 102:1989
OtherInfoContent\ObtambS812Fatt1021989 OtherInfoContent\CertificateAvailable	Certificate of sampling available
OtherInfoContent\CertificateAvanable OtherInfoContent\PreliminaryTestResult	
OtherInfoContent\PreliminaryTestResultFax	Preliminary test results If require, please state Fax No.:-
Number	in require, piease state rax no
AuthorizationContent\ShownBySignature	Signature
AuthorizationContent\ShownByName	Name
AuthorizationContent\ShownByName AuthorizationContent\ShownByPost	Post/Affiliation
AuthorizationContent\ShownByTelephoneN	Tel. No.
umber	101.110.
AuthorizationContent\ShownByFaxNumber	Fax No.
AuthorizationContent\ShownByPaxNumber AuthorizationContent\ShownByDate	Date
AuthorizationContent\SnownByBate AuthorizationContent\RequestedBySignature	Signature
AuthorizationContent\RequestedByName	Name
AuthorizationContent/Nequested by Name	INAME

Works Project Information Standard
The Release Notes V1.10.00 (Library of the PDF e-Form schema, templates and conversion data files)

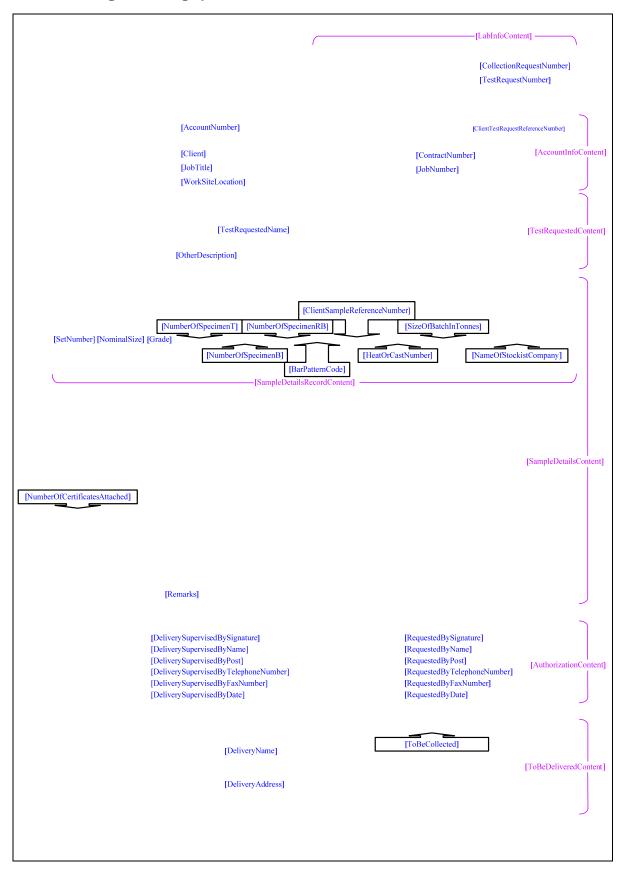
AuthorizationContent\RequestedByPost	Post/Affiliation				
AuthorizationContent\RequestedByTelephon	Tel. No.				
eNumber					
AuthorizationContent\RequestedByFaxNum	Fax No.				
ber					
AuthorizationContent\RequestedByDate	Date				
ToBeDeliveredContent	Fil in the box below the name and				
	address				
ToBeDeliveredContent\ToBeCollected	"To be collected"				
ToBeDeliveredContent\DeliveryName	Name				
ToBeDeliveredContent\DeliveryAddress	Address				

3.32 WDD - 12.3 - 1.0 (Form 2317 - Request for Paving Block Testing Message)



PDF e-form Object Name for data capture	Title/Description on PDF Form						
LabInfoContent	For laboratory use only						
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)						
LabInfoContent\TestRequestNumber	Test Request No. (TRN)						
AccountInfoContent\AccountNumber	Account No. (if available)						
AccountInfoContent\ClientTestRequestRefer	Client Test Request Ref. No.						
enceNumber							
AccountInfoContent\Client	Client (Works Dept/Office)						
AccountInfoContent\ContractNumber	Contract No.						
AccountInfoContent\JobTitle	Job Title						
AccountInfoContent\JobNumber	Job No.						
AccountInfoContent\WorkSiteLocation	Work/Site Location						
SampleDetailsContent	Sample Details :						
SampleDetailsContent\ClientSampleReferen ceNumber	Client Sample Ref. No.						
SampleDetailsContent\SamplingLocation	Sampling location						
SampleDetailsContent\TypeOfBlock	Type of block						
SampleDetailsContent\NameOfManufacturer	Name of Manufacturer						
SampleDetailsContent\DateOfManufacturer	Date of Manufacturer						
SampleDetailsContent\AgeAtTest	Age at test						
SampleDetailsContent\NominalGrossPlanAr ea	Nominal gross plan area						
SampleDetailsContent\NominalHeight	Nominal height						
SampleDetailsContent\IdentificationMarksOf	Identification marks of blocks						
Blocks							
SampleDetailsContent\GradeOfBlocks	Grade of blocks						
SampleDetailsContent\Remarks	Remarks						
AuthorizationContent\ShownBySignature	Signature						
AuthorizationContent\ShownByName	Name						
AuthorizationContent\ShownByPost	Post/Affiliation						
AuthorizationContent\ShownByTelephoneN umber	Tel. No.						
AuthorizationContent\ShownByFaxNumber	Fax No.						
AuthorizationContent\ShownByDate	Date						
AuthorizationContent\RequestedBySignature	Signature						
AuthorizationContent\RequestedByName	Name						
AuthorizationContent\RequestedByPost	Post/Affiliation						
AuthorizationContent\RequestedByTelephon	Tel. No.						
eNumber	E N						
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AuthorizationContent\RequestedByDate	Date						
ToBeDeliveredContent	Fil in the box below the name and						
T.D.D.P. C. A. A. D. C. H. A. L.	address						
ToBeDeliveredContent\ToBeCollected	"To be collected"						
ToBeDeliveredContent\DeliveryName	Name						
ToBeDeliveredContent\DeliveryAddress	Address						

3.33 WDD - 12.4 - 1.0 (Form 2403 - Request for Steel Bar Testing Message)



Works Project Information Standard
The Release Notes V1.10.00 (Library of the PDF e-Form schema, templates and conversion data files)

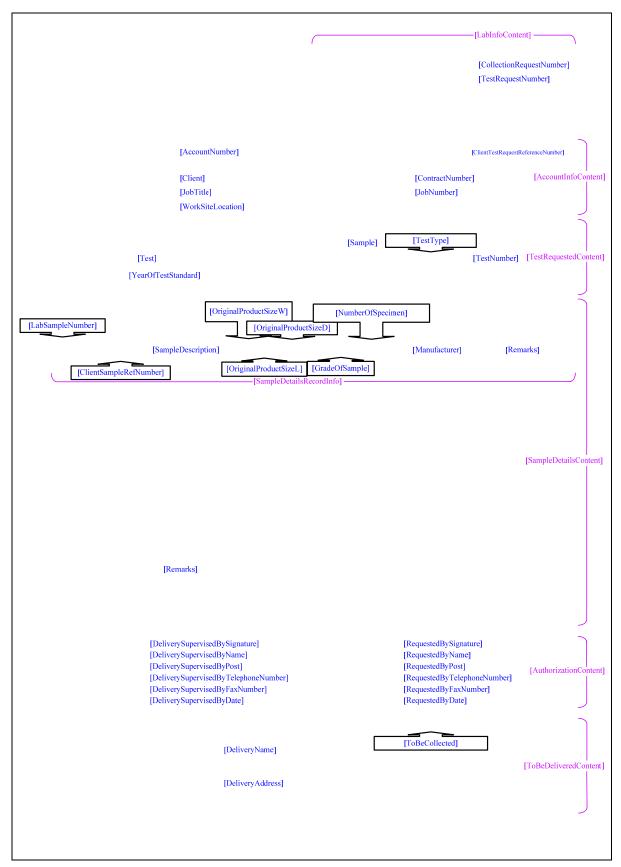
101		Public Works Laboratories Geotechnical Engineering Office, Hong Kong			Colle	For laboratory use only Collection Request No. (CRN) [CollectionRequestNumber] Test Request No. (TRN) [TestRequestNumber]					
200	~~				Test	Test Request No. (TRN) [TestRequestNumber]					
					SAMPLE	LABEL I	D. FOR	М			
	ontract No.	No. [Contract [ClientT		eferenceNumb	per]						
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CE	ng D (GE	O) 2403 (Sheet	2 of 2) Jul 20	007							

PDF e-form Object Name for data capture	Title/Description on PDF Form						
LabInfoContent	For laboratory use only						
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)						
LabInfoContent\TestRequestNumber	Test Request No. (TRN)						
AccountInfoContent\AccountNumber	Account No. (if available)						
AccountInfoContent\AccountVumber AccountInfoContent\ClientTestRequestRefer	Client Test Request Ref. No.						
enceNumber	Chefit Test Request Ref. No.						
AccountInfoContent\Client	Client (Works Dept/Office)						
AccountInfoContent\Cnent AccountInfoContent\ContractNumber	Contract No.						
AccountInfoContent\Contractivumoer AccountInfoContent\JobTitle	Job Title						
,							
AccountInfoContent\JobNumber	Job No.						
AccountInfoContent\WorkSiteLocation	Work/Site Location						
TestRequestedContent\TestRequestedName	Please test the accompanying reinforcement						
T (D () (O) D ()	bar sample(s)						
TestRequestedContent\OtherDescription	Others (Please specify)						
SampleDetailsContent	Sample Details :						
SampleDetailsContent\SampleDetailsRecord	Set No.						
Content\SetNumber							
SampleDetailsContent\SampleDetailsRecord	Nominal size (mm).						
Content\NominalSize							
SampleDetailsContent\SampleDetailsRecord	Grade.						
Content\Grade							
SampleDetailsContent\SampleDetailsRecord	T						
Content\NumberOfSpecimenT							
SampleDetailsContent\SampleDetailsRecord	В						
Content\NumberOfSpecimenB							
SampleDetailsContent\SampleDetailsRecord	RB						
Content\NumberOfSpecimenRB							
SampleDetailsContent\SampleDetailsRecord	Bar Pattern Code						
Content\BarPatternCode							
SampleDetailsContent\SampleDetailsRecord	Client Sample Ref. No.						
Content\ClientSampleReferenceNumber							
SampleDetailsContent\SampleDetailsRecord	Heat/Cast No.						
Content\HeatOrCastNumber							
SampleDetailsContent\SampleDetailsRecord	Size of batch in tones						
Content\SizeOfBatchInTonnes							
SampleDetailsContent\SampleDetailsRecord	Name of StockistCompany						
Content\NameOfStockistCompany							
SampleDetailsContent\NumberOfCertificates	No(s) of corresponding mill certificate(s)						
Attached	attached.						
SampleDetailsContent\Remarks	Remarks						
AuthorizationContent\DeliverySupervisedBy	Signature						
Signature							
AuthorizationContent\DeliverySupervisedBy	Name						
Name	D (4.001)						
AuthorizationContent\DeliverySupervisedBy	Post/Affiliation						
Post							
AuthorizationContent\DeliverySupervisedBy	Tel. No.						
TelephoneNumber							
AuthorizationContent\DeliverySupervisedBy	Fax No.						

Works Project Information Standard The Release Notes V1.10.00 (Library of the PDF e-Form schema, templates and conversion data files)

Date					
Signature					
Name					
Post/Affiliation					
Tel. No.					
Fax No.					
Date					
Fil in the box below the name and					
address					
"To be collected"					
Name					
Address					
Set No.					
Nominal size (mm)					
T					
В					
RB					

3.34 WDD - 12.5 - 1.0 (Form 2404 - Request for Miscellaneous Steel Sample Testing Message)



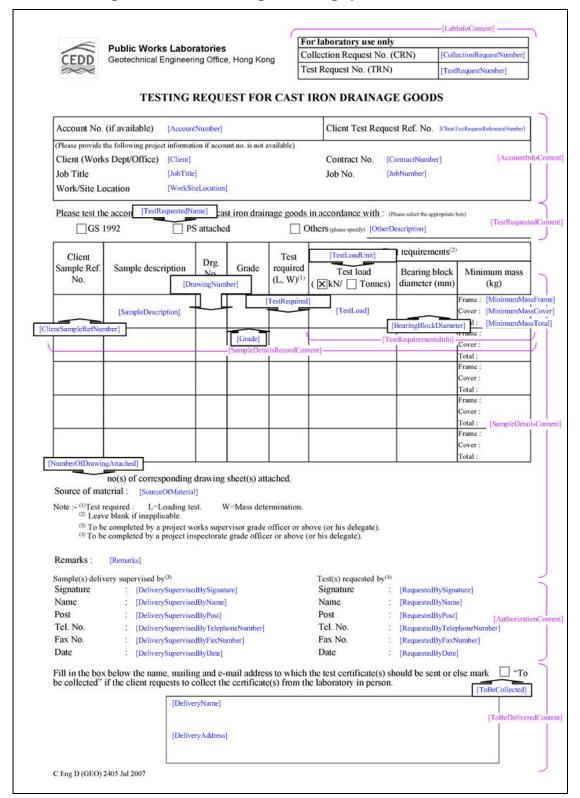
Works Project Information Standard
The Release Notes V1.10.00 (Library of the PDF e-Form schema, templates and conversion data files)

CEDD Geo	technical En	Laboratories sgineering Office, h Est cement : [DateOfCc	Hong Kong	Acco Date	aboratory ount No. received	Mar Arme		[AccountNum [DateReceive		
200		Est			received			[DateReceive	ed]	
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18/20/20 - 0.00			ontractCommence		00.00.11.11.11.11.11.11.11.11.11.11.11.1			ntedContractCo	ompletion]	
Material	Type of	Estimate of total sample number per six n date testing commence of testing Months								
Materia	test	commencement	16	7-12	13-18	Months	25-30	21.26	Damainda	
		[Estimat	1-6 edTotalForMonti		13-18	19-24 (Estima	tedTotalForM	31-36 onth25-301	Remainde	
[MaterialName] Aggregates	TypeOfTes				TotalForMon		~ ~		edTotalForRe	
Педерение	_									
Bituminous	[EstimatedI	OateOfCommencemen	t] [Estimated]	TotalForMonth	7-12]		[Estima	tedTotalForMo	onth31-36]	
materials	3-0				[Estimate	dTotalForMo	nth19-24]	I		
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and cores			- [Test-kequilen	lenskeendek	ment					
Soils (In-situ)										
Soils (Laboratory)										
Steel reinforcement	1									
Steel section/ strand										
Others										
Notes : Please use the [Notes]	space below	or separate sheet	if insufficien	it space abo	ve, or for e	xplanatory	notes, speci		[TestRequirer	
Requested by Name Post Tel. No. Fax No. Email	: [Requester: : [Requester: : [Requester:	dByName] dByPost] dByTelephoneNumber dByFaxNumber] dByEMailAddress]	ų	Sig	nature	: [Requeste	rdBySignature	1	[Requeste	

PDF e-form Object Name for data capture	Title/Description on PDF Form					
LabInfoContent	For laboratory use only					
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)					
LabInfoContent\TestRequestNumber	Test Request No. (TRN)					
AccountInfoContent\AccountNumber	Account No. (if available)					
AccountInfoContent\ClientTestRequestRefer	Client Test Request Ref. No.					
enceNumber	Cheft Test Request Ref. No.					
AccountInfoContent\Client	Client (Works Dept/Office)					
AccountInfoContent\ContractNumber	Contract No.					
AccountInfoContent\JobTitle	Job Title					
AccountInfoContent\JobNumber	Job No.					
AccountInfoContent\WorkSiteLocation	Work/Site Location					
TestRequestedContent\Sample	Please test the accompanying samples of					
TestRequestedContent\Sample TestRequestedContent\Test	1 1 2 1					
	for					
TestRequestedContent\TestType TestRequestedContent\TestNumber	test(s) in accordance with					
	of the year					
TestRequestedContent\YearOfTestStandard	of the year					
SampleDetailsContent						
SampleDetailsContent\SampleDetailsRecord						
Info\LabSampleNumber	Client Committee Def No					
SampleDetailsContent\SampleDetailsRecord	Client Sample Ref. No.					
Info\ClientSampleRefNumber	Committee description					
SampleDetailsContent\SampleDetailsRecord	Sample description					
Info\SampleDescription	0::10:10:00					
SampleDetailsContent\SampleDetailsRecord	Original Product Size (WxLxD, mm)					
Info\OriginalProductSizeW						
SampleDetailsContent\SampleDetailsRecord						
Info\OriginalProductSizeL						
SampleDetailsContent\SampleDetailsRecord						
Info\OriginalProductSizeD	Condo of somels					
SampleDetailsContent\SampleDetailsRecord	Grade of sample					
Info\GradeOfSample	Number of engainer					
SampleDetailsContent\SampleDetailsRecord	Number of specimen					
Info\NumberOfSpecimen SampleDetailsContent\SampleDetailsRecord	Manufacturer					
Info\Manufacturer	Wanuracturer					
SampleDetailsContent\SampleDetailsRecord	Remarks					
Info\Remarks	Remarks					
AuthorizationContent\DeliverySupervisedBy	Signature					
Signature	Signature					
AuthorizationContent\DeliverySupervisedBy	Name					
Name	TAMILO					
AuthorizationContent\DeliverySupervisedBy	Post/Affiliation					
Post	1 OSV/ Milliauon					
AuthorizationContent\DeliverySupervisedBy	Tel. No.					
TelephoneNumber	101.110.					
AuthorizationContent\DeliverySupervisedBy	Fax No.					
FaxNumber	1 45 140.					
AuthorizationContent\DeliverySupervisedBy	Date					
Date	Date					
Date	<u> </u>					

The Release Notes V1.10.00 (Library of the PDF e-	
AuthorizationContent\RequestedBySignature	Signature
AuthorizationContent\RequestedByName	Name
AuthorizationContent\RequestedByPost	Post/Affiliation
AuthorizationContent\RequestedByTelephon	Tel. No.
eNumber	
AuthorizationContent\RequestedByFaxNum	Fax No.
ber	
AuthorizationContent\RequestedByDate	Date
ToBeDeliveredContent	Fil in the box below the name and
	address
ToBeDeliveredContent\ToBeCollected	"To be collected"
ToBeDeliveredContent\DeliveryName	Name
ToBeDeliveredContent\DeliveryAddress	Address
TestRequirementContent	Estimate of Testing Requirements
TestRequirementContent\DateOfContractCo	Date of contract commencement
mmencement	
TestRequirementContent\DateOfEstimatedC	Date of estimated contract completion
ontractCompletion	•
TestRequirementContent\TestRequirementsR	Aggregates
ecordContent\MaterialName	
TestRequirementContent\TestRequirementsR	Type of test
ecordContent\TypeOfTest	
TestRequirementContent\TestRequirementsR	Estimated date of testing commencement
ecordContent\EstimatedDateOfCommencem	_
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TestRequirementContent\TestRequirementsR	1-6
ecordContent\EstimatedTotalForMonth1-6	
TestRequirementContent\TestRequirementsR	7-12
ecordContent\EstimatedTotalForMonth7-12	
TestRequirementContent\TestRequirementsR	13-18
ecordContent\EstimatedTotalForMonth13-18	
TestRequirementContent\TestRequirementsR	19-24
ecordContent\EstimatedTotalForMonth19-24	
TestRequirementContent\TestRequirementsR	25-30
ecordContent\EstimatedTotalForMonth25-30	
TestRequirementContent\TestRequirementsR	31-36
ecordContent\EstimatedTotalForMonth31-36	
TestRequirementContent\TestRequirementsR	Remainder
ecordContent\EstimatedTotalForRemainder	
TestRequirementContent\Notes	Please use the space below or separate
	sheet
RequestedByContent	Requested by :-
RequestedByContent \RequestedByName	Name
RequestedByContent \RequestedByPost	Post
RequestedByContent\RequestedBySignature	Signature
RequestedByContent\RequestedByTelephon	Tel. No.
eNumber	
RequestedByContent\RequestedByFaxNumb	Fax No.
er	
RequestedByContent\RequestedByEMailAd	Email
dress	
RequestedByContent\RequestedByDate	Date

3.35 WDD - 12.6 - 1.0 (Form 2405 - Request for Cast Iron Drainage Goods Testing Message)



PDF e-form Object Name for data capture	Title/Description on PDF Form
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
AccountInfoContent\ClientTestRequestRefer	Client Test Request Ref. No.
enceNumber	Chefit Test Request Ref. 1vo.
AccountInfoContent\Client	Client (Works Dept/Office)
AccountInfoContent\ContractNumber	Contract No.
AccountInfoContent\JobTitle	Job Title
AccountInfoContent\JobNumber	Job No.
AccountInfoContent\WorkSiteLocation	Work/Site Location
TestRequestedContent\TestRequestedName	Please test the accompanying sample(s)
TestRequestedContent\OtherDescription	Others (please specify)
SampleDetailsContent\SampleDetailsRecord	Client Sample Ref. No.
Content\ ClientSampleRefNumber	Chem Sumple 101. 1 (6)
SampleDetailsContent\SampleDetailsRecord	Sample description
Content\SampleDescription	
SampleDetailsContent\SampleDetailsRecord	Drg. No.
Content\DrawingNumber	6
SampleDetailsContent\SampleDetailsRecord	Grade
Content\Grade	
SampleDetailsContent\SampleDetailsRecord	Test required (L, W) (1)
Content\TestRequired	•
SampleDetailsContent\TestLoadUnit	Test load
SampleDetailsContent\SampleDetailsRecord	
Content\TestRequirementsInfo\TestLoad	
SampleDetailsContent\SampleDetailsRecord	Bearing block diameter (mm)
Content\TestRequirementsInfo\BearingBlock	
Diameter	
SampleDetailsContent\SampleDetailsRecord	Frame
Content\TestRequirementsInfo\MinimumMa	
ssFrame	
SampleDetailsContent\SampleDetailsRecord	Cover
Content\TestRequirementsInfo\MinimumMa	
ssCover	m . 1
SampleDetailsContent\SampleDetailsRecord	Total
Content\TestRequirementsInfo\MinimumMa	
ssTotal	Na(a) of a super and in a drawing about (a)
SampleDetailsContent\NumberOfDrawingAt	No(s) of corresponding drawing sheet(s)
tached Samula Dataila Contant\ Sauraa Of Matarial	attached Source of motorial
SampleDetailsContent\SourceOfMaterial	Source of material Remarks
SampleDetailsContent\Remarks	
AuthorizationContent\DeliverySupervisedBy Signature	Signature
AuthorizationContent\DeliverySupervisedBy	Name
Name	INAME
AuthorizationContent\DeliverySupervisedBy	Post/Affiliation
Post	1 OSV AITHIAUOH
AuthorizationContent\DeliverySupervisedBy	Tel. No.
Aumorization Content/DenverySupervisedby	101, 190,

TelephoneNumber	
AuthorizationContent\DeliverySupervisedBy	Fax No.
FaxNumber	
AuthorizationContent\DeliverySupervisedBy	Date
Date	
AuthorizationContent\RequestedBySignature	Signature
AuthorizationContent\RequestedByName	Name
AuthorizationContent\RequestedByPost	Post/Affiliation
AuthorizationContent\RequestedByTelephon	Tel. No.
eNumber	
AuthorizationContent\RequestedByFaxNum	Fax No.
ber	
AuthorizationContent\RequestedByDate	Date
ToBeDeliveredContent	Fil in the box below the name and
	address
ToBeDeliveredContent\ToBeCollected	"To be collected"
ToBeDeliveredContent\DeliveryName	Name
ToBeDeliveredContent\DeliveryAddress	Address

3.36 WDD - 12.7 - 1.0 (Form 2201 - Request for Sample Collection and Testing Request for Chemical Testing Services for Concrete Message)

CEI		rks Laboratories al Engineering Office, Hor	ng Kong	Collection	atory use of Request No. (T	lo. (CR		ionRequestNumb questNumber]
PAR	FOR	AMPLE COLLECT CHEMICAL TES (To be use to be completed and then email	TING SERV d only by authoris	ICES FO sed project)	OR CON	CRE		e))
	unt No. (if availab				30 T		Ref. No. [ClientTestR	
		project information if account i	no is not available)		nent rest i	cequesi	real. Ivo. penantesia	equestion in the control visiting
	t (Works Dept/Off			C	ontract No	[Con	tractNumber]	[Accoun
Job T	itle	[JobTitle]		Jo	b No.	[Job]	Number]	
Work	Site Location	[WorkSiteLocation]						
Detail	s of Samples:-							
Set No.	Client Sample Ref. No.	Sample Description / Dimensions	Profile Grindin (if applica		Test Requ	ested	Core / Sampling Location	Remarks
1		[SampleDescription]	[ProfileGrir	nding]	[TestRequ	ested]		[Remarks]
[Cli	entSampleRefNumber			-		[C	CoreOrSamplingLocation	on]
3			[SampleDetailsRec	ordInfo] —				
4			5					-
5								
6								
7					÷			[SampleD
8					1.	-	[SampleCollectionRe	sominod?
9		vice provided by contract	l				Yes	No
		ax No./E-mail Address f		reliminary liveryEMailA	STATE OF STA	Name Post Date	[RequestedByNan [RequestedByPost	t]
PAR	ΓB: Confirmat	tion (To be completed and	then faxed to the	(Confirmat	ionMode]	WL sta	Ø)	
The s	firmationDescription]	Part A above should be :	through Con		(2) deliver	nContra	(3) tested by ctNumber]	у
	Time of sample continuous continu	[CollectionTime]	received :-		Notified Signed	oy	[NotifiedBySigned	[Confirm
Date					Name		[NotifiedByName]	200
Date:	Time of notifying	Date/Time of notifying the contract laboratory :- [NotifyingDate] [NotifyingTime]						
Date:		[NotifyingTime]			Post		[NotifiedByPost]	
Date [Colle Date [Notin	fyingDate]	[NotifyingTime] r of samples (Upon com		z over of san	10705767	mtract l		the fully
Date [Colle Date [Notin	fyingDate] Γ C: Hand-over- ted form to PWL ¹) c completed by proje	Will the second	pletion of handing		nples, the co			the fully
Date [Colle Date [Notin	fyingDate] \[\begin{align*} \begin	r of samples (Upon comp ect site staff on the hand-ov ample had been handed ove	pletion of handing er date of	(To be com	nples, the co	ontract l	aboratory shall fax i	the fully
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PDF e-form Object Name for data capture	Title/Description on PDF Form			
LabInfoContent	For laboratory use only			
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)			
LabInfoContent\TestRequestNumber	Test Request No. (TRN)			
AccountInfoContent\AccountNumber	Account No. (if available)			
AccountInfoContent\AccountVumber AccountInfoContent\ClientTestRequestRefer	Client Test Request Ref. No.			
enceNumber	Chefit Test Request Ref. No.			
AccountInfoContent\Client	Client (Works Dept/Office)			
AccountInfoContent\ContractNumber	Contract No.			
,				
AccountInfoContent\JobTitle	Job Title			
AccountInfoContent\JobNumber	Job No.			
AccountInfoContent\WorkSiteLocation	Work/Site Location			
SampleDetailsContent\SampleDetailsRecord	Client Sample Ref. No.			
Info\ClientSampleRefNumber				
SampleDetailsContent\SampleDetailsRecord	Sample description			
Info\SampleDescription				
SampleDetailsContent\SampleDetailsRecord	Profile Grinding Details (if applicable)			
Info\DrawingNumber				
SampleDetailsContent\SampleDetailsRecord	Test Requested			
Info\TestRequested				
SampleDetailsContent\SampleDetailsRecord	Core / Sampling Location			
Info\CoreOrSamplingLocation				
SampleDetailsContent\SampleDetailsRecord	Remarks			
Info\Remarks				
SampleDetailsContent\SampleCollectionReq	Is sample collection service provided by			
uired	contract labaratory required ? (please select)			
SampleDetailsContent\LocationOfSampleCo	Location of samples to be collected			
llected				
SampleDetailsContent\SiteTelephoneNumbe	Site Tel. No.			
r				
SampleDetailsContent\MobilePhoneNumber	Mobile phone No.			
SampleDetailsContent\SiteContactPerson	Site Contact Person			
SampleDetailsContent\DeliveryFaxNumber	Fax No.			
SampleDetailsContent\DeliveryEMailAddres	E-mail Address			
S				
SampleDetailsContent\RequestedBySigned	Signed			
SampleDetailsContent\RequestedByName	Name			
SampleDetailsContent\RequestedByPost	Post			
SampleDetailsContent\RequestedByDate	Date			
ConfirmationContent\ConfirmationMode	The samples given in Part A above should			
	be:			
ConfirmationContent\ConfirmationDescripti				
on				
ConfirmationContent\ConfirmationContract	Through Contract No.			
Number				
ConfirmationContent\CollectionDate	Date/Time of sample collection service			
	request received :-			
ConfirmationContent\CollectionTime				
ConfirmationContent\NotifyingDate	Date/Time of notifying the contract			
	laboratory:-			

Form schema, templates and conversion data mes)
Signed
Name
Post
I confirmed that the above sample had been
handed over
Signed
Name
Post
Date
Total No. of samples collected
Signature
Name
Post
Date
Telephone No.
Fax No.

3.37WDD - 12.8 - 1.0 (Form 2202 - Request Form for Sample Collection and Testing Request for Chemical Testing Services for Soil Message)

Public Works Laboratories Geotechnical Engineering Office, Hong Kong				For laboratory use only Collection Request No. (CRN) [CollectionRequestNumber] Test Request No. (TRN) [TestRequestNumber]			
PART A :	FC	AMPLE COLLEC OR CHEMICAL T (To be us to be completed and then emo	TESTING SE sed only by authori	RVICES ised project)	FOR SOIL		egate))
Account No	. (if availabl	le) [AccountNumber]		C	lient Test Requ	est Ref. No. [Client	TestRequestReferenceNumbe
Please provide	the following p	project information if accoun	nt no. is not available	,	30.0	The second secon	100
	rks Dept/Off	ice) [Client]				ContractNumber]	[Accour
Job Title		[JobTitle]		Jo	b No.	lobNumber]	
Work/Site I		[WorkSiteLocation]					
Details of S	amples:-		T			T	
SECTION CONTRACTOR	nt Sample ef. No.	Sample Description	Sample Ma	ass (kg)	Test Requesto	d Sampling Location	Remarks
1		[SampleDescription]	[Sample]	Mass]	[TestRequested	[SamplingLocation	on] [Remarks]
[ClientSam	pleRefNumber						
3			SampleDetailsRed	cordInfo] —			
4					·		
5							
6							10 1 =
7						>	[SampleDo
8						[SampleCollection	onRequired1
9	-Nastian ass	vice provided by contr				Yes	□No
	t Person	[Si	iteContactPerson]		Nar	ne [RequestedBy	
	ide below F	ax No./E-mail Address					
	ide below F			eliveryEMailA	ddress] Dat		
Please prov Fax No. PART B: The sample	Confirmates given in PanDescription	ion (To be completed an art A above should be	ail Address D ad then faxed to the (1) colected through Col	(Confirmati	ionMode] , PWL (2) delivered t [ConfirmationCon	e [RequestedBy staff) o	Date]
PART B: The sample [Confirmation Date/Time]	Confirmates given in PanDescription] of sample co	ion (To be completed and A above should be be bellection service requestions.)	ail Address D ad then faxed to the (1) colected through Col	(Confirmati	ionMode], PWL (2) delivered t [ConfirmationCor Notified by :-	e [RequestedBy staff) b [(3) tested stractNumber]	Date] d by [Confirm
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Please prove Fax No. PART B: The sample [Confirmation Date/Time [Collection Date/Time [Notifying Date/Time [Notif	Confirmat Es given in P InDescription Of sample co ate of notifying te Hand-over m to PWL¹ leted by proje at the above st aff. (please se inples were co inples were de [Hand-over inples were de inples were de [Hand-over inples were de [Hand-over inples were de [Hand-over inples were de [Hand-over inples were de inples were de [Hand-over inples were de [Hand-over inples were de [Hand-over inples were de inples were de [Hand-over inples were de [Hand-over inples were de inpl	ion (To be completed and art A above should be collection service requesticularly and A above should be collection service requesticularly and the contract laboratory [NotifyingTime] of samples (Upon collect site staff on the hand-ample had been handed or elect) Elected by the contract laboratory and overBySignature] andOverBySignature]	ail Address [D ad then faxed to the [III] Colected through Constructived:	Confirmation of the communication of the communicat	onMode] PWL (2) delivered t [ConfirmationCon Notified by : Signed Name Post uples, the contra pleted by contra dge the receipt c of samples co [Re	e [RequestedBy staff) o [(3) tested structNumber] [NotifiedBySis [NotifiedByPos et laboratory shall f et laboratory staff) f the above samples llected: [TotalSas ceivedBySignature] ceivedByName]	Date] d by [Confirm gned] name] ost] fax the fully s. mplesCollection]
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PDF e-form Object Name for data capture	Title/Description on PDF Form
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
AccountInfoContent\ClientTestRequestRefer	Client Test Request Ref. No.
enceNumber	•
AccountInfoContent\Client	Client (Works Dept/Office)
AccountInfoContent\ContractNumber	Contract No.
AccountInfoContent\JobTitle	Job Title
AccountInfoContent\JobNumber	Job No.
AccountInfoContent\WorkSiteLocation	Work/Site Location
SampleDetailsContent\SampleDetailsRecord Info\ClientSampleRefNumber	Client Sample Ref. No.
SampleDetailsContent\SampleDetailsRecord	Sample description
Info\SampleDescription	Sample description
SampleDetailsContent\SampleDetailsRecord	Sample Mass (kg)
Info\SampleMass	-
SampleDetailsContent\SampleDetailsRecord	Test Requested
Info\TestRequested	
SampleDetailsContent\SampleDetailsRecord	Sampling Location
Info\SamplingLocation	
SampleDetailsContent\SampleDetailsRecord	Remarks
Info\Remarks	
SampleDetailsContent\SampleCollectionReq	Is sample collection service provided by
uired	contract labaratory required ? (please select)
SampleDetailsContent\LocationOfSampleCo llected	Location of samples to be collected
SampleDetailsContent\SiteTelephoneNumbe	Site Tel. No.
r	Site Tel. 140.
SampleDetailsContent\MobilePhoneNumber	Mobile phone No.
SampleDetailsContent\SiteContactPerson	Site Contact Person
SampleDetailsContent\DeliveryFaxNumber	Fax No.
SampleDetailsContent\DeliveryEMailAddres	E-mail Address
s	2 mm 1 w 2 w 3
SampleDetailsContent\RequestedBySigned	Signed
SampleDetailsContent\RequestedByName	Name
SampleDetailsContent\RequestedByPost	Post
SampleDetailsContent\RequestedByDate	Date
ConfirmationContent\ConfirmationMode	The samples given in Part A above should
Confirmation Content (C. C. C. C. D. C. C.	be:
ConfirmationContent\ConfirmationDescripti	
on ConfirmationContent\ConfirmationContract	Through Contract No.
Number	imough Contract 140.
ConfirmationContent\CollectionDate	Date/Time of sample collection service
,	request received :-
ConfirmationContent\CollectionTime	
ConfirmationContent\NotifyingDate	Date/Time of notifying the contract
	laboratory:-
	. •

Form schema, templates and conversion data mes)
Signed
Name
Post
I confirmed that the above sample had been
handed over
Signed
Name
Post
Date
Total No. of samples collected
Signature
Name
Post
Date
Telephone No.
Fax No.

3.38 WDD - 12.9 - 1.0 (Form 2316 - Request Form for Sample Collection and Testing Services for Clay/Concrete Paving Blocks Provided by PWL Contract Laboratory Message)

	S Dublic Works	Laboratories	For lab	oratory use only		
CFD	Public Works Laboratories Geotechnical Engineering Office, Hong Kong		Callagt	ion Request No. (C	RN)	[CollectionRequestNum
200			ig	quest No. (TRN)		[TestRequestNumber]
DADT	F	PLE COLLECTION OR CLAY/CONCRI	ETE PAVING	BLOCKS		
la construction	a an arms and State and a state and	completed and then emailed/faxed	d to PWL by a project	alas and and the second become	economica sensolva, es	CARL MICHAEL TATIONS
		[AccountNumber]		Client Test Reque	st Ref. No.	[ClientTestRequestReferenceNum
		et information if account no. is no	t available)		and the second	T (W2000)
	(Works Dept/Office)			Contract 110.	ontractNumber	[Acco
Job Ti	RECORDS 46	[JobTitle]		Job No. [Jo	bNumber]	
Work/	Site Location	[WorkSiteLocation]				
31327	ion of samples to be c		impleCollected]	_		
Site C	Contact Person [SiteCo	mtactPerson]	Preliminary TestResult		Tel. No.	[SiteTelephoneNumber]
1000	reliminary test results		es \square N	o Reque	ested by :-	
If yes,	, please provide Fax N	No. [PreliminaryTestResultFax	(Number]			edBySigned]
Please	e enter address for the	delivery of test reports		Sign		
12/08/2004	and the state of t			Nam		edByName]
[Delive	eryAddress]			Post		edByPost]
-				Date	[Request	edByDate]
	le details and test requ		and and			
		[ClientSpecimenReferenceNur	mber			
Nomi	nal Sample Size :	[NominalSampleSize]	[estRequirements] -			0000
Descr						No. of set Remark
(i)		accordance with BS 6677:Pa			escription]	[NumberOfSet] [Remarks
(ii)		g load tests in accordance was s in accordance with BS 667			set)	[SampleCollectionAnd]
(iii) (iv)		ests in accordance with AS/N				
(0.1)		and 5 hours boiling method.				
(v)		pressive strength tests in acc			8	1 2
		n check) (5 blocks per set)				
(vi)	Overall Dimension a					
(vi) (vii)		and thickness test in accordance			lags per set)	
(vii) PART	Overall Dimension a B: Works Ordere	ed (To be completed and faxe	ce with Annex B of	BS 7263-1:2001 (6 f		. No.[PWLReferenceNum
(vii) PART	Overall Dimension a	ed (To be completed and faxe	ce with Annex B of	BS 7263-1:2001 (6 f	PWL Ref	
(vii) PART	Overall Dimension a B: Works Ordere ervices required for sample	and thickness test in accordance ed (To be completed and faxe as described in Part A:	ce with Annex B of ad to Contract Labor No. of sets of:	BS 7263-1:2001 (6 f ratory by PWL staff)	PWL Ref	ets of samples collected
(vii) PART Testing s	Overall Dimension a B: Works Ordere ervices required for sample Test re	and thickness test in accordance d (To be completed and faxe is described in Part A:	ce with Annex B of ad to Contract Labor No. of sets of:	BS 7263-1:2001 (6 f	PWL Ref	ets of samples collected
(vii) PART	Overall Dimension a B: Works Ordere ervices required for sample	ed (To be completed and faxe es described in Part A: equired [TestRequired]	ce with Annex B of ad to Contract Labor No. of sets of:	BS 7263-1:2001 (6 f vatory by PWL staff) samples collected and ollectedAndTestedByC	PWL Ref	ets of samples collected ad deliver to PWL
(vii) PART Testing s (i) (ii) (iii)	Overall Dimension a B: Works Ordere ervices required for sample Test re Dimension Transverse breaking Skid resistance	ed (To be completed and faxe es described in Part A: equired [TestRequired]	No. of sets of	BS 7263-1:2001 (6 f vatory by PWL staff) samples collected and ollectedAndTestedByC	PWL Ref	ets of samples collected
(vii) PART Testing s (i) (ii) (iii) (iii) (iv)	Overall Dimension a B: Works Ordere ervices required for sample Test re Dimension Transverse breaking Skid resistance Water Absorption	ed (To be completed and faxe as described in Part A: equired [TestRequired] [WorksOrc	ce with Annex B of ad to Contract Labor No. of sets of:	BS 7263-1:2001 (6 f vatory by PWL staff) samples collected and ollectedAndTestedByC	PWL Ref	ets of samples collected ad deliver to PWL
(i) (ii) (iii) (iv) (v)	Overall Dimension a B: Works Ordere ervices required for sample Test re Dimension Transverse breaking Skid resistance Water Absorption Characteristic compre	ed (To be completed and faxe sed sets described in Part A: equired [TestRequired] load [WorksOrcessive Strength	No. of sets of	BS 7263-1:2001 (6 f vatory by PWL staff) samples collected and ollectedAndTestedByC	PWL Ref	ets of samples collected deliver to PWL
(vii) PART Testing s (i) (ii) (iii) (iv) (v) (vi)	Overall Dimension a B: Works Ordere ervices required for sample Test re Dimension Transverse breaking Skid resistance Water Absorption Characteristic compr Overall dimension an	ed (To be completed and faxe es described in Part A: equired [TestRequired] load [WorksOre essive Strength and thickness (block)	No. of sets of	BS 7263-1:2001 (6 f vatory by PWL staff) samples collected and ollectedAndTestedByC	PWL Ref	ets of samples collected deliver to PWL
(vii) PART Testing s (i) (ii) (iii) (iii) (iv) (v) (vi) (vi	Overall Dimension a B: Works Ordere ervices required for sample Test re Dimension Transverse breaking Skid resistance Water Absorption Characteristic compro Overall dimension an	ed (To be completed and faxe as described in Part A: equired [TestRequired] load [WorksOrders Strength and thickness (block) and thickness (flag)	No. of sets of set NoO(SetsOfSamplesC	BS 7263-1:2001 (6 f	PWL Ref	ets of samples collected deliver to PWL
(vii) PART Testing s (i) (ii) (iii) (iv) (v) (vi) (vii) Date/I	Overall Dimension a B: Works Order cervices required for sample Test re Dimension Transverse breaking Skid resistance Water Absorption Characteristic compro Overall dimension an Overall dimension an	ed (To be completed and faxe as described in Part A: equired [TestRequired] [load [WorksOre essive Strength and thickness (block) and thickness (flag) [tion service request received	No. of sets of set NoO(SetsOfSamplesC	BS 7263-1:2001 (6 f ratory by PWL staff) samples collected and lectedAndTestedByC	PWL Ref	ets of samples collected deliver to PWL plesCollectedAndDeliver
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(i) (ii) (iii) (iv) (vi) (vi) Date/I [Collect	Overall Dimension a B: Works Ordere ervices required for sample Test re Dimension Transverse breaking Skid resistance Water Absorption Characteristic compro Overall dimension an Overall dimension an Time of sample collectionDate Time of notifying the collection of the col	ed (To be completed and faxe is described in Part A: equired [TestRequired] load [WorksOrd essive Strength nd thickness (block) nd thickness (flag) tion service request receive [CollectionTime] contract laboratory:-	No. of sets of set NoO(SetsOfSamplesC	BS 7263-1:2001 (6 f ratory by PWL staff) samples collected and ollectedAndTestedByC [Notified by :- Signed Name	PWL Ref d No. of s ontractLab] tr nOfSetsOfSam [NotifiedI [NotifiedI	ets of samples collected d deliver to PWL plesCollectedAndDeliver [Confir BySigned] ByName]
(i) (ii) (iii) (iv) (vi) (vi) Date/I [Collect	Overall Dimension a B: Works Ordere ervices required for sample Test re Dimension Transverse breaking: Skid resistance Water Absorption Characteristic compro Overall dimension an Overall dimension an Time of sample collectionDate]	ed (To be completed and faxe as described in Part A: equired [TestRequired] load [WorksOrders (Blag) tion service request received [CollectionTime]	No. of sets of set NoO(SetsOfSamplesC	BS 7263-1:2001 (6 f ratory by PWL staff) samples collected and ollectedAndTestedByC	PWL Ref d No. of s ontractLab] u oOfSetsOfSam [NotifiedI	ets of samples collected d deliver to PWL plesCollectedAndDeliver [Confir BySigned] ByName]
(i) (ii) (iii) (iii) (iv) (v) (vi) (vii) Date/I [Collect Date/I [Notifyi	Overall Dimension a B: Works Ordere ervices required for sample Test re Dimension Transverse breaking Skid resistance Water Absorption Characteristic compro Overall dimension an Overall dimension an Time of sample collect tionDate] Time of notifying the congodate] C: Hand-over of	ed (To be completed and faxe is described in Part A: equired [TestRequired] load [WorksOrd essive Strength nd thickness (block) nd thickness (flag) tion service request receive [CollectionTime] contract laboratory:-	we with Annex B of and to Contract Laboral No. of sets	BS 7263-1:2001 (6 f ratory by PWL staff) samples collected and ollectedAndTestedByC [Notified by :- Signed Name Post	PWL Ref d No. of s ontractLab] tr oOfSetsOfSam [NotifiedI [NotifiedI	ets of samples collected deliver to PWL plesCollectedAndDeliver [Confirmal assumed by the collected of the
(i) (ii) (iii) (iii) (iv) (v) (vi) (vii) Date/I [Collect Date/I [Notifyi	Overall Dimension a B: Works Ordere ervices required for sample Test re Dimension Transverse breaking Skid resistance Water Absorption Characteristic compro Overall dimension an Overall dimension an Overall dimension an Time of sample collectionDate Time of notifying the congruence Time of not	ed (To be completed and faxe as described in Part A: equired [TestRequired] load [WorksOrd essive Strength dt hickness (block) dt hickness (flag) tion service request received [CollectionTime] contract laboratory:- [NotifyingTime]	we with Annex B of and to Contract Laboral No. of sets	BS 7263-1:2001 (6 f ratory by PWL staff) samples collected and ollectedAndTestedByC [Notified by :- Signed Name Post	PWL Ref d No. of s ontractLab] tr oOfSetsOfSam [NotifiedI [NotifiedI	ets of samples collected deliver to PWL plesCollectedAndDeliver [Confirmal assumed by the collected of the
(ii) (ii) (iii) (iii) (iv) (v) (vi) (vii) Date/I [Collect Date/I [Notifyi PART complet	Overall Dimension a B: Works Orders ervices required for sample Test re Dimension Transverse breaking i Skid resistance Water Absorption Characteristic compro Overall dimension an Overall dimension an Time of sample collect tionDate] Time of notifying the congplate C: Hand-over of the deform to PWL¹) completed by project site.	ed (To be completed and faxe as described in Part A: equired [TestRequired] load [WorksOrd essive Strength dt hickness (block) dt hickness (flag) tion service request received [CollectionTime] contract laboratory:- [NotifyingTime]	we with Annex B of and to Contract Laboral No. of sets of the NoO(SetsOfSamplesContent]— deredRecordContent]— and :-	BS 7263-1:2001 (6 f ratory by PWL staff) samples collected and ollectedAndTestedByC [Notified by :- Signed Name Post	PWL Ref d No. of s ontractLab] tr nOtSetsOfSam [NotifiedI [NotifiedI [NotifiedI trlaboratory s	ets of samples collected deliver to PWL plesCollectedAndDeliver [Confirmal and the second of the s
(vii) PART Testing s (i) (ii) (iii) (iv) (v) (vi) (vii) Date/I [Collect Date/I [Notifyi PART complete (To be sample	Overall Dimension a B: Works Ordere ervices required for sample Test re Dimension Transverse breaking Skid resistance Water Absorption Characteristic compn Overall dimension an Overall dimension an Time of sample collect tionDate The complete of section of the complete of the compl	ed (To be completed and faxe as described in Part A: equired [TestRequired] load [WorksOre essive Strength d thickness (block) d thickness (flag) tion service request receive [CollectionTime] contract laboratory:- [NotifyingTime] samples (Upon completion the staff on the hand-over date	No. of sets of shootSetsOfSamplesCeleredRecordContent]- ad:- of handing over of.	BS 7263-1:2001 (6 f vatory by PWL staff) samples collected and ollectedAndTestedByC [No Notified by :- Signed Name Post samples, the contract completed by contract	PWL Ref d No. of s ontractLab] In polisetsOfSam [NotifiedI [NotifiedI [NotifiedIs Indicatory s on the second	cts of samples collected deliver to PWL plesCollectedAndDeliver [Confin BySigned] ByName] ByPost] hall fax the fully staff)
(vii) PART Testing s (i) (ii) (iii) (iii) (iv) (v) (vi) (vi	Overall Dimension a B: Works Ordere ervices required for sample Test re Dimension Transverse breaking I Skid resistance Water Absorption Characteristic compro Overall dimension an Overall dimensi	ed (To be completed and faxe as described in Part A: equired [TestRequired] load [WorksOrders (Blag) thickness (Blag) tion service request received [CollectionTime] contract laboratory:- [NotifyingTime] samples (Upon completion	No. of sets of shootSetsOfSamplesCeleredRecordContent]- ad:- of handing over of.	BS 7263-1:2001 (6 f ratory by PWL staff) samples collected and ollectedAndTestedByC Notified by :- Signed Name Post samples, the contract	PWL Ref d No. of s ontractLab] In polisetsOfSam [NotifiedI [NotifiedI [NotifiedIs Indicatory s on the second	cts of samples collected deliver to PWL plesCollectedAndDeliver [Confin BySigned] ByName] ByPost] hall fax the fully staff)
(vii) PART Testing s (i) (ii) (iii) (iv) (v) (vi) Date/I [Notifyy PART Testing s	Overall Dimension a B: Works Ordere ervices required for sample Test re Dimension Transverse breaking! Skid resistance Water Absorption Characteristic compro Overall dimension an Overall dimension an Orime of sample collectionDate! Time of notifying the coingDate! C: Hand-over of sample collection to PWL') completed by project sitesy mn that the above sample et laboratory staff.	ed (To be completed and faxe as described in Part A: equired [TestRequired] load [WorksOrd essive Strength Ind thickness (block) Ind thickness (flag) Ition service request received [CollectionTime] contract laboratory:- [NotifyingTime] samples (Upon completion Ite staff on the hand-over date e(s) had been handed over to	No. of sets of: No Of sets of: I acknowle	BS 7263-1:2001 (6 f ratory by PWL staff) samples collected and ollectedAndTestedByC Notified by :- Signed Name Post the contract completed by contract vieldge the receipt of	PWL Ref d No. of s ontractLab] II OUSetsOfSam [Notified] [Notified] [Notified] [Notified] [Interval of the second of the seco	cts of samples collected deliver to PWL plesCollectedAndDeliver [Confin BySigned] ByName] ByPost] hall fax the fully staff)
(vii) PART Testing s (i) (ii) (iii) (iv) (v) (vi) (vii) Date/I [Collected] [Notifyith Complete Sample I confine contract Signed	Overall Dimension a B: Works Ordere ervices required for sample Test re Dimension Transverse breaking Skid resistance Water Absorption Characteristic compro Overall dimension an Overall dimension an Overall dimension and Time of sample collectionDate Time of notifying the congruence of the comproduct of the congruence of the completed by project sites of the completed by	ed (To be completed and faxe as described in Part A: equired [TestRequired] [Ioad [WorksOre essive Strength and thickness (block) and thickness (flag) [tion service request received [CollectionTime] contract laboratory:- [NotifyingTime] samples (Upon completion the staff on the hand-over date (s) had been handed over to (Signature]	No. of sets of: No of sets of: I acknowledge of: Signed	BS 7263-1:2001 (6 f vatory by PWL staff) samples collected and ollectedAndTestedByC Notified by :- Signed Name Post samples, the contract completed by contract vieldge the receipt of	PWL Ref d No. of s ontractLab] tr DOFSetsOfSam [NotifiedI [NotifiedI [NotifiedI t laboratory s the above san BySignature]	ets of samples collected deliver to PWL plesCollectedAndDeliver [Confir 3ySigned] 3yName] 3yPost] hall fax the fully staff) mples.
(vii) PART Testing s (i) (ii) (iii) (iii) (iv) (vi) (vii) Date/I [Collected] [Notifyith and in the sample I confine contract Signed Name	Overall Dimension a B: Works Ordere ervices required for sample Test re Dimension Transverse breaking in Skid resistance Water Absorption Characteristic comproduced dimension and Overall dimens	ed (To be completed and faxe as described in Part A: equired [TestRequired] [Ioad [WorksOre essive Strength and thickness (block) and thickness (block) and thickness (flag) tion service request receive [CollectionTime] contract laboratory:- [NotifyingTime] samples (Upon completion the staff on the hand-over date e(s) had been handed over to vSignature] vName]	No. of sets of: No of sets of	BS 7263-1:2001 (6 f vatory by PWL staff) samples collected and ollectedAndTestedByC Notified by :- Signed Name Post samples, the contract completed by contract vieldge the receipt of [Received [Received]	PWL Ref d No. of s ontractLab] tr DOFSetsOfSam [NotifiedI [NotifiedI [NotifiedI t laboratory s the above san BySignature] ByName]	cts of samples collected deliver to PWL plesCollectedAndDeliver [Confin BySigned] ByName] ByPost] hall fax the fully staff)
(vii) PART Testing s (i) (ii) (iii) (iii) (iv) (v) (vi) (vi	Overall Dimension a B: Works Orders ervices required for sample Test re Dimension Transverse breaking i Skid resistance Water Absorption Characteristic compn Overall dimension an Overall dimension an Time of sample collect tionDate] Time of notifying the coingDate C: Hand-over of edform to PWL¹) completed by project sites (s) rm that the above sample tel laboratory staff. (d) [HandOverBy (HandOverBy (ed (To be completed and faxe as described in Part A: equired [TestRequired] [Ioad [WorksOre essive Strength and thickness (block) Id thickness (flag) Ition service request received [CollectionTime] contract laboratory:- [NotifyingTime] samples (Upon completion the staff on the hand-over date e(s) had been handed over to (Signature] (Post]	No. of sets of: No Of sets of: I acknowless of sets of: I acknowless of sets of: No Of I acknowless of: No Of I acknowles	BS 7263-1:2001 (6 f vatory by PWL staff) samples collected and ollectedAndTestedByC Notified by :- Signed Name Post samples, the contract completed by contract vieldge the receipt of Received Received Received	PWL Ref d No. of s ontractLab] tr notSetsOfSam [NotifiedI [NotifiedI [NotifiedI [NotifiedI] traboratory s the above san BySignature] ByName] ByPost]	ets of samples collected deliver to PWL plesCollectedAndDeliver [Confir BySigned] ByName] ByPost] thall fax the fully mples. [HandOverOfS
(vii) PART Testing s (i) (ii) (iii) (iii) (iv) (v) (vi) (vi	Overall Dimension a B: Works Ordere ervices required for sample Test re Dimension Transverse breaking in Skid resistance Water Absorption Characteristic comproduced dimension and Overall dimens	ed (To be completed and faxe as described in Part A: equired [TestRequired] [Ioad [WorksOre essive Strength and thickness (block) Id thickness (flag) Ition service request receive [CollectionTime] contract laboratory:- [NotifyingTime] samples (Upon completion the staff on the hand-over date e(s) had been handed over to vSignature] vName] vPost] vDate [HandOverByTime]	No. of sets of: No Of sets of: I acknowless of sets of: I acknowless of sets of: No Of I acknowless of: No Of I a	BS 7263-1:2001 (6 f vatory by PWL staff) samples collected and ollectedAndTestedByC Notified by :- Signed Name Post samples, the contract completed by contract vieldge the receipt of Received Received Received	PWL Ref d No. of s ontractLab] tr notSetsOfSam [NotifiedI [NotifiedI [NotifiedI [NotifiedI] traboratory s the above san BySignature] ByName] ByPost]	ets of samples collected deliver to PWL plesCollectedAndDeliver [Confir 3ySigned] 3yName] 3yPost] hall fax the fully staff) mples.

PDF e-form Object Name for data capture	Title/Description on PDF Form
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\ContectionRequestNumber LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
·	,
AccountInfoContent\ClientTestRequestRefer	Client Test Request Ref. No.
enceNumber	Client (Works Dent/Office)
AccountInfoContent\Client	Client (Works Dept/Office)
AccountInfoContent\ContractNumber	Contract No.
AccountInfoContent\JobTitle	Job Title
AccountInfoContent\JobNumber	Job No.
AccountInfoContent\WorkSiteLocation	Work/Site Location
SampleCollectionAndTestingContent\Locati onOfSampleCollected	Location of samples to be collected
SampleCollectionAndTestingContent\SiteCo	Site Contact Person
ntactPerson	
SampleCollectionAndTestingContent\SiteTel ephoneNumber	Site Tel. No.
SampleCollectionAndTestingContent\Prelimi	Are preliminary test results by fax required
naryTestResult	Are premimary test results by fax required
SampleCollectionAndTestingContent\	If yes, please provide Fax No.
Preliminary TestResultFax Number	if yes, please provide I ax Ivo.
SampleCollectionAndTestingContent\Delive	Please enter address for the delivery of test
ryAddress	reports
SampleCollectionAndTestingContent\Reques	Signed
tedBySigned	Signed
SampleCollectionAndTestingContent\Reques	Name
tedByName	Traine
SampleCollectionAndTestingContent\Reques	Post
tedByPost	
SampleCollectionAndTestingContent\Reques	Date
tedByDate	
SampleCollectionAndTestingContent\Client	Client Specimen Ref. No.
SpecimenReferenceNumber	T
SampleCollectionAndTestingContent\Nomin	Nominal Sample Size
alSampleSize	1
SampleCollectionAndTestingContent\Sampl	Description
eTestRequirements\TestDescription	1
SampleCollectionAndTestingContent\Sampl	No. of set
eTestRequirements\NumberOfSet	
SampleCollectionAndTestingContent\Sampl	Remarks
eTestRequirements\Remarks	
ConfirmationContent\PWLReferenceNumber	PWL Ref. No.
ConfirmationContent\WorksOrdeedRecordC	Test required
ontent\TestRequired	
ConfirmationContent\WorksOrdeedRecordC	No. of sets of samples collected and tested
ontent\NoOfSetsOfSamplesCollectedAndTes	by Contract Lab.
tedByContractLab	
ConfirmationContent\WorksOrdeedRecordC	No. of sets of samples collected and
ontent\NoOfSetsOfSamplesCollectedAndDel	delivered to PWL

The Release Notes V1.10.00 (Library of the PDF e-	-Form schema, templates and conversion data mes)
iveredToPWL	
ConfirmationContent\ CollectionDate	Date/Time of sample collection service
	request received :-
ConfirmationContent\CollectionTime	
ConfirmationContent\NotifyingDate	Date/Time of notifying the contract
	laboratory :-
ConfirmationContent\NotifyingTime	
ConfirmationContent\NotifiedBySigned	Signed
ConfirmationContent\NotifiedByName	Name
ConfirmationContent\NotifiedByPost	Post
HandOverOfSamplesContent\HandOverMod	I confirmed that the above sample had been
e	handed over
HandOverOfSamplesContent\HandOverBySi	Signed
gnature	
HandOverOfSamplesContent\HandOverByN	Name
ame	
HandOverOfSamplesContent\HandOverByP	Post
ost	
HandOverOfSamplesContent\HandOverByD	Date/Time
ate	
HandOverOfSamplesContent\HandOverByTi	
me	
HandOverOfSamplesContent\TotalSamplesC	Total No. of samples collected
ollection	
HandOverOfSamplesContent\ReceivedBySig	Signature
nature	
HandOverOfSamplesContent\ReceivedByNa	Name
me	
HandOverOfSamplesContent\ReceivedByPo	Post
st	
HandOverOfSamplesContent\ReceivedByDa	Date/Time
te	
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me	
HandOverOfSamplesContent\PWLTelephon	Telephone No.
eNumber	
HandOverOfSamplesContent\PWLFaxNumb	Fax No.
er	

3.39 WDD - 12.10 - 1.0 (Form 2319 - Request Form for Sample Collection Service and Testing Request for Grade A Concrete Paving Blocks Message)

Public Works Laboratories	For laboratory use only Collection Request No. (CRN) [CollectionRequestNuml
Geotechnical Engineering Office, Hong Kong	Test Request No. (TRN) [TestRequestNumber]
SAMPLE COLLECTION AN FOR GRADE A CONCRET GRANITE AND ARTIFICIA	TE PAVING BLOČKS, AL GRANITE PAVERS
TO PLANE AND THE PARK PLANE AND	PWCL1 by a project assistant grade officer or above (or his delegate))
Account No. (if available) [AccountNumber]	Client Test Request Ref. No. [ClientTestRequestReferenceNuml
Please provide the following project information if account no. is not avail Client (Works Dept/Office) [Client] Job Title [JobTitle] Work/Site Location [WorkSiteLocation]	Contract No. [ContractNumber] [Account Job No. [JobNumber]
Location of samples to be collected Site Contact Person [SiteContactPerson] [Prelim Are preliminary test results by fax required? Yes If yes, please provide Fax No. [PreliminaryTestResultFaxNumb	Site Tel. No. [SiteTelephoneNumber]
Please enter address for the delivery of test reports [DeliveryAddress]	Signed [RequestedBySigned] Name [RequestedByName] Post [RequestedByPost] Date [RequestedByDate]
Sample details and test required :-	Date [requested by Date]
Client Specimen Ref. No. : [ClientSpecimenReferenceNumber]	[SampleCollectionAnd]
Nominal Sample Size : [NominalSampleSize]	AA HIIO
Description [SampleTestRed	quirements] No. of set Remark
Transverse breaking load test in accordance with BS 66 (6 blocks per set) Water absorption test in accordance with AS/NZS 4456 (both 24 hours cold immersion method and 5 hours boil	[TestDescription] [NumberOfSet] [Remark
 (iii) Characteristic compressive strength tests in accordance (includes dimension check) 	with GS Clause 11.75 to 11.78
(8 blocks per set) (iv) Overall dimension and thickness test in accordance with (8 flags per set) PART B: Works Ordered (To be completed and faxed to Concesting services required for samples described in Part A:	12 cts x 296 Mins Qui (1 cts 200 Mins 2
(8 blocks per set) Overall dimension and thickness test in accordance with (8 flags per set) PART B: Works Ordered (To be completed and faxed to Coesting services required for samples described in Part A:	Contract Laboratory by PWCL staff) [PWLReferenceNuml No. of sets of samples collected and No. of sets of samples collected
(8 blocks per set) Overall dimension and thickness test in accordance with (8 flags per set) PART B: Works Ordered (To be completed and faxed to Cesting services required for samples described in Part A: Test required NoOIS	Contract Laboratory by PWCL staff) [PWLReferenceNuml
(8 blocks per set) Overall dimension and thickness test in accordance with (8 flags per set) PART B: Works Ordered (To be completed and faxed to Contesting services required for samples described in Part A: Test required (i) Transverse breaking load [TestRequired] (ii) Water absorption	Contract Laboratory by PWCL staff) [PWLReferenceNuml No. of sets of samples collected and SetsOfSamplesCollectedAndTestedByContractLab] [PWLReferenceNuml Add deliver to PWCL SetsOfSamplesCollectedAndTestedByContractLab]
(8 blocks per set) Overall dimension and thickness test in accordance with (8 flags per set) PART B: Works Ordered (To be completed and faxed to Complete services required for samples described in Part A: Test required (i) Transverse breaking load TestRequired (ii) Water absorption (iii) Characteristic compressive strength	Contract Laboratory by PWCL staff) [PWLReferenceNuml No. of sets of samples collected and SetsOfSamplesCollectedAndTestedByContractLab] [NoOfSetsOfSamplesCollectedAndDeliver]
(8 blocks per set) Overall dimension and thickness test in accordance with (8 flags per set) PART B: Works Ordered (To be completed and faxed to Contesting services required for samples described in Part A: Test required (i) Transverse breaking load [TestRequired] (ii) Water absorption (iii) Characteristic compressive strength (iv) Overall dimension and thickness [WorksOrdered Floate/Time of sample collection service request received:- [CollectionDate] [CollectionTime] Date/Time of notifying the contract laboratory:-	Contract Laboratory by PWCL staff) [PWLReferenceNuml No. of sets of samples collected and No. of sets of samples collected Industrial Indus
(8 blocks per set) Overall dimension and thickness test in accordance with (8 flags per set) PART B: Works Ordered (To be completed and faxed to Control of the	Contract Laboratory by PWCL staff) No. of sets of samples collected and No. of sets of samples collected SetsOfSamplesCollectedAndTestedByContractLab] [NoOfSetsOfSamplesCollectedAndDeliver] [NoofSetsOfSamplesCollectedAndDeliver] Notified by :- Signed [NotifiedBySigned]
(8 blocks per set) Overall dimension and thickness test in accordance with (8 flags per set) PART B: Works Ordered (To be completed and faxed to Cesting services required for samples described in Part A: Test required (i) Transverse breaking load TestRequired (ii) Water absorption (iii) Characteristic compressive strength (iv) Overall dimension and thickness [WorksOrdered Floate/Time of sample collection service request received: [CollectionDate] [CollectionTime] Date/Time of notifying the contract laboratory: [NotifyingDate] PART C: Hand-over of samples (Upon completion of handin form to PWCL') (To be completed by project site staff on the hand-over date of samples)	Contract Laboratory by PWCL staff PWLReferenceNuml
(8 blocks per set) Overall dimension and thickness test in accordance with (8 flags per set) PART B: Works Ordered (To be completed and faxed to Constitute of the set of the	PWLReferenceNuml No. of sets of samples collected and No. of sets of samples collected
(8 blocks per set) Overall dimension and thickness test in accordance with (8 flags per set) PART B: Works Ordered (To be completed and faxed to Contesting services required for samples described in Part A: Test required (i) Transverse breaking load [TestRequired] (ii) Water absorption (iii) Characteristic compressive strength (iv) Overall dimension and thickness [WorksOrdered Floate/Time of sample collection service request received:- [CollectionDate] [CollectionTime] Date/Time of notifying the contract laboratory:- [NotifyingDate] [NotifyingTime] PART C: Hand-over of samples (Upon completion of handingorm to PWCL¹) (To be completed by project site staff on the hand-over date of samples) Lenofirm that the above sample(s) had been handed over to the contract laboratory staff. Signed [HandOverBySignature] Name [HandOverByName]	PWLReferenceNuml No. of sets of samples collected and No. of sets of samples collected
(8 blocks per set) Overall dimension and thickness test in accordance with (8 flags per set) PART B: Works Ordered (To be completed and faxed to Constitute of the set of the	PWLReferenceNuml No. of sets of samples collected and No. of sets of samples collected

PDF e-form Object Name for data capture	Title/Description on PDF Form
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
AccountInfoContent\ClientTestRequestRefer	Client Test Request Ref. No.
enceNumber	Chem Test Request Ref. 140.
AccountInfoContent\Client	Client (Works Dept/Office)
AccountInfoContent\ContractNumber	Contract No.
AccountInfoContent\JobTitle	Job Title
AccountInfoContent\JobNumber	Job No.
AccountInfoContent\WorkSiteLocation	Work/Site Location
SampleCollectionAndTestingContent\Locati	Location of samples to be collected
onOfSampleCollected	1
SampleCollectionAndTestingContent\SiteCo	Site Contact Person
ntactPerson	
SampleCollectionAndTestingContent\SiteTel	Site Tel. No.
ephoneNumber	
SampleCollectionAndTestingContent\Prelimi	Are preliminary test results by fax required
naryTestResult	
SampleCollectionAndTestingContent\	If yes, please provide Fax No.
PreliminaryTestResultFaxNumber	
SampleCollectionAndTestingContent\Delive	Please enter address for the delivery of test
ryAddress	reports
SampleCollectionAndTestingContent\Reques	Signed
tedBySigned	
SampleCollectionAndTestingContent\Reques	Name
tedByName	D .
SampleCollectionAndTestingContent\Reques	Post
tedByPost	Dete
SampleCollectionAndTestingContent\Reques	Date
tedByDate Sample Collection And Testing Content/Client	Client Specimen Def No
SampleCollectionAndTestingContent\Client SpecimenReferenceNumber	Client Specimen Ref. No.
SampleCollectionAndTestingContent\Nomin	Nominal Sample Size
alSampleSize	Nonlinai Sample Size
SampleCollectionAndTestingContent\Sampl	Description
eTestRequirements\TestDescription	Description
SampleCollectionAndTestingContent\Sampl	No. of set
eTestRequirements\NumberOfSet	110. 01 500
SampleCollectionAndTestingContent\Sampl	Remarks
eTestRequirements\Remarks	
ConfirmationContent\PWLReferenceNumber	PWL Ref. No.
ConfirmationContent\WorksOrderedRecord	Test required
Content\TestRequired	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ConfirmationContent\WorksOrderedRecord	No. of sets of samples collected and tested
Content\NoOfSetsOfSamplesCollectedAndT	by Contract Lab.
estedByContractLab	•
ConfirmationContent\WorksOrderedRecord	No. of sets of samples collected and
Content\NoOfSetsOfSamplesCollectedAndD	delivered to PWL

The Release Notes V1.10.00 (Library of the PDF e-	-Form schema, templates and conversion data mes)
eliveredToPWL	
ConfirmationContent\ CollectionDate	Date/Time of sample collection service
	request received :-
ConfirmationContent\CollectionTime	
ConfirmationContent\NotifyingDate	Date/Time of notifying the contract
	laboratory :-
ConfirmationContent\NotifyingTime	
ConfirmationContent\NotifiedBySigned	Signed
ConfirmationContent\NotifiedByName	Name
ConfirmationContent\NotifiedByPost	Post
HandOverOfSamplesContent\HandOverMod	I confirmed that the above sample had been
e	handed over
HandOverOfSamplesContent\HandOverBySi	Signed
gnature	
HandOverOfSamplesContent\HandOverByN	Name
ame	
HandOverOfSamplesContent\HandOverByP	Post
ost	
HandOverOfSamplesContent\HandOverByD	Date/Time
ate	
HandOverOfSamplesContent\HandOverByTi	
me	
HandOverOfSamplesContent\TotalSamplesC	Total No. of samples collected
ollection	
HandOverOfSamplesContent\ReceivedBySig	Signature
nature	
HandOverOfSamplesContent\ReceivedByNa	Name
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HandOverOfSamplesContent\ReceivedByPo	Post
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3.40 WDD - 12.11 - 1.0 (Form 2407 - Request Form for Structural Steel Section and Reinforcement Connector Sample Collection Service (For PWCL) Message)

CEDE	Public Works Geotechnical En	Laboratories gineering Office, H	ong Kong	Collection	oratory us on Request quest No. (No. (CR)	N)	[CollectionReq [TestRequestN	
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	ntact Person [SiteCo		Tel. No. [Site	A STATE OF THE STA	iber]	Name		stedByName]	
Are pre	liminary test results	by fax required?	Yes	□ No	0	Post	[Reque	estedByPost]	
If yes, p	lease provide Fax N	No. [PreliminaryTest	ResultFaxNumbe	[Preliminary	TestResult	Date	[Reque	estedByDate]	
2/200 steel c	oupler for permanent oupler for the slip & t Client Sample	tensile strength test in	accordance wi SampleDetailsRe	h GS 19	92 Clause 1		ber of		stingDetails
No.	Reference No.	Des [OriginalProd	1553.1	Thickness /	As Com	na Lene	cimen	Manufacturer	Remarks
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PART I	3 : Confirmation								
(To be con	npleted and faxed to (Contract Laboratory	by PWCL staff)						
	d samples should be		[DeliveredTo]				(DeliveredToSuppl	ement]
	allocated to provid		[ContractAllocat	ed]	Notific	ed by :-			C. and Carre
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PDF e-form Object Name for data capture	Title/Description on PDF Form
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
AccountInfoContent\ClientTestRequestRefer	Client Test Request Ref. No.
enceNumber	Chem Test Request Ref. 140.
AccountInfoContent\Client	Client (Works Dept/Office)
AccountInfoContent\ContractNumber	Contract No.
AccountInfoContent\JobTitle	Job Title
AccountInfoContent\JobNumber	Job No.
AccountInfoContent\WorkSiteLocation	Work/Site Location
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ntactPerson	
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ephoneNumber	
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naryTestResult	
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	-Form schema, templates and conversion data files)
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ConfirmationContent\DeliveredTo	Collected samples should be delivered to
ConfirmationContent\DeliveredToSuppleme	•
nt	
ConfirmationContent\ContractAllocated	Contract allocated to provide the service
ConfirmationContent\ CollectionDate	Date/Time of sample collection service
·	request received :-
ConfirmationContent\CollectionTime	
ConfirmationContent\NotifyingDate	Date/Time of notifying the contract
	laboratory :-
ConfirmationContent\NotifyingTime	
ConfirmationContent\NotifiedBySigned	Signed
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AuthorizationContent\AgreedByName	Name
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3.41 WDD - 12.12 - 1.0 (Form 2408 - Request Form for Steel Bar Sample Collection and Testing Services Provided by PWL Contract Laboratory Message)

CEDD	Public Works I Geotechnical Eng	Laboratories pineering Office, Hong Kong	Collection	ntory use only Request No. (CR est No. (TRN)	N) [Collection] [TestReque:	RequestNumber]		
SAMPLE COLLECTION AND TESTING REQUEST FOR STEEL BARS								
		(To be used only by au	thorised project)					
PART A:	Request (To be co	mpleted and then emailed/faxed to I	PWL1 by a project	ct assistant grade o	fficer or above (or his c	delegate))		
Account N	o. (if available)	[AccountNumber]	CI	ient Test Request	Ref. No. ClientFestReque	stReferenceNumber]		
(Please provid	e the following projec	t information if account no. is not availa	ble)	The Paris of Marketon	0.00 to 10.00 to 10.00 de 20.00			
100000000000000000000000000000000000000	orks Dept/Office)			minute i io.	tractNumber]	[Account]		
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		g reinforcement bar sample(s) in			t the appropriate box	()		
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Γ 0	thers (Please specify)	[OtherDescription]	16					
	t Sample Nomin	Grade	Du pe		Remais Sample An	dTestingDetails		
	ef. No. [Nominal		nenB] [BarPa	atternCode]				
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LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
AccountInfoContent\ClientTestRequestRefer	Client Test Request Ref. No.
enceNumber	•
AccountInfoContent\Client	Client (Works Dept/Office)
AccountInfoContent\ContractNumber	Contract No.
AccountInfoContent\JobTitle	Job Title
AccountInfoContent\JobNumber	Job No.
AccountInfoContent\WorkSiteLocation	Work/Site Location
SampleCollectionAndTestingContent\LocationOfSampleCollected	Location of samples to be collected
SampleCollectionAndTestingContent\NumberrOfSamplesToBeCollected	No. of samples to be collected
SampleCollectionAndTestingContent\SiteContactPerson	Site Contact Person
SampleCollectionAndTestingContent\SiteTel ephoneNumber	Site Tel. No.
SampleCollectionAndTestingContent\Prelimi naryTestResult	Are preliminary test results by fax required
SampleCollectionAndTestingContent\ PreliminaryTestResultFaxNumber	If yes, please provide Fax No.
SampleCollectionAndTestingContent\Reques tedBySigned	Signed
SampleCollectionAndTestingContent\Reques tedByName	Name
SampleCollectionAndTestingContent\Reques tedByPost	Post
SampleCollectionAndTestingContent\Reques tedByDate	Date
SampleCollectionAndTestingContent\SampleTestingDetails\TestToBePerformed	Please test the accompanying samples of :-
SampleCollectionAndTestingContent\SampleTestingDetails\SampleDetailsRecordContent\ClientSpecimenReferenceNumber	Client Specimen Ref. No.
SampleCollectionAndTestingContent\SampleTestingDetails\SampleDetailsRecordContent\SampleDescription	Sample Description
SampleCollectionAndTestingContent\SampleTestingDetails\SampleDetailsRecordContent\OriginalProductSizeW	Original Product Size (WxLxD, mm)
SampleCollectionAndTestingContent\SampleTestingDetails\SampleDetailsRecordContent\OriginalProductSizeL	
SampleCollectionAndTestingContent\SampleTestingDetails\SampleDetailsRecordContent\OriginalProductSizeD	
SampleCollectionAndTestingContent\Sampl	Sample Thickness As Received (mm)

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eTestingDetails\SampleDetailsRecordConten	
t\SampleThicknessAsReceived	
SampleCollectionAndTestingContent\Sampl	Grade of Sample
eTestingDetails\SampleDetailsRecordConten	r
t\GradeOfSample	
SampleCollectionAndTestingContent\Sampl	T
eTestingDetails\SampleDetailsRecordConten	
t\NumberOfSpecimenT	D
SampleCollectionAndTestingContent\Sampl	В
eTestingDetails\SampleDetailsRecordConten	
t\NumberOfSpecimenB	
SampleCollectionAndTestingContent\Sampl	RB
eTestingDetails\SampleDetailsRecordConten	
t\NumberOfSpecimenRB	
SampleCollectionAndTestingContent\Sampl	Bar pattern code
eTestingDetails\SampleDetailsRecordConten	
t\BarPatternCode	
SampleCollectionAndTestingContent\Sampl	Remark
eTestingDetails\SampleDetailsRecordConten	
t\Remark	
ConfirmationContent\ConfirmationMode	The samples given in Part A above should
	be
ConfirmationContent\ConfirmationDescripti	
on	
ConfirmationContent\ConfirmationContract	Through Contract No.
Number	Through Contract No.
	D. (/T'
ConfirmationContent\ CollectionDate	Date/Time of sample collection service
	request received :-
ConfirmationContent\CollectionTime	5 77 2 12 1
ConfirmationContent\NotifyingDate	Date/Time of notifying the contract
	laboratory:-
ConfirmationContent\NotifyingTime	
ConfirmationContent\NotifiedBySigned	Signed
ConfirmationContent\NotifiedByName	Name
ConfirmationContent\NotifiedByPost	Post
HandOverOfSamplesContent\HandOverMod	I confirm that the above sample had been
e	handed over
HandOverOfSamplesContent\HandOverBySi	Signed
gnature	
HandOverOfSamplesContent\HandOverByN	Name
ame	
HandOverOfSamplesContent\HandOverByP	Post
ost	1 000
HandOverOfSamplesContent\HandOverByD	Date/Time
ate HendowerOff and leaf and HendowerDerTi	
HandOverOfSamplesContent\HandOverByTi	
me	m · 1N · C
HandOverOfSamplesContent\TotalSamplesC	Total No. of samples collected
ollection	
HandOverOfSamplesContent\ReceivedNumb	
erMode	
HandOverOfSamplesContent\ReceivedNumb	
er	
HandOverOfSamplesContent\ReceivedBySig	Signed
ned	

HandOverOfSamplesContent\ReceivedByNa	Name
me	
HandOverOfSamplesContent\ReceivedByPo	Post
st	
HandOverOfSamplesContent\ReceivedByDa	Date/Time
te	
HandOverOfSamplesContent\ReceivedByTi	
me	
HandOverOfSamplesContent\PWLTelephon	Telephone No.
eNumber	
HandOverOfSamplesContent\PWLFaxNumb	Fax No.
er	

3.42 WDD - 12.13 - 1.0 (Form 2410 - Request Form for Sample Collection Service and Testing Request For 7-Wire Strand (For PWL) Message)

CED	Geotechi	Norks Laborator	Office, Hong Kong	Test Req	uest No. (7		[TestReque	RequestNumber] stNumber]
DADT			ON SERVICE AN FOR 7-WIRE	STRANI)			
A	nt No. (if avai		d then emailed/faxed to P iumber]	1		Request Ref. No.		X 100 100 100 100 100 100 100 100 100 10
Please pr	ovide the follow	ing project information	if account no. is not availab	ole)				
		Office) [Client]			Contract No		l	[Account]
Job Tit	le lite Location	[JobTitle]		J	ob No.	[JobNumber]		
		[WorkSitel	and the second s	2002		I		
		to be collected	[LocationOfSampleCollec	-500		Requested by :-		
		CONTROL OF THE PROPERTY OF THE	erOfSamplesToBeCollected		N. 1. 2	The state of the s	edBySigned	
			[PreliminaryTestResult]	[SiteTelephor	eNumber]		edByName]	
		results by Fax requ		No		Superior Contraction of the Cont	edByPost]	
,			receipt of results. Fax N		tite start	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	edByDate]	
Samp	ie Collection	1 Details (use separ	rate collection form for [Pre	ilminary restre	unraxinumo	er] us steel testing [No	CEng D (G	EO) 2404]
Please	test the accor	npanying samples	in accordance with BS	5896:1980			-	and the control of the control
Set	Client Sampl	le Sample	Original	Grade of	Number o	of	4500	[SampleCollect
No	naforanco No	description	product size	GradeOfSample]	ecime	Manufactu n	rer	Remarks
1	samplexererence	[SampleDescription	[OriginalProductSizeL]			[Manufactur	21 [40	ampleRemarks]
2					-		erj (s	ampiercemarksj
3		[Orig	ginalProductSizeW]		mberOfSpec	imenj		
4			[OriginalProduc	tSizeD]		+	-	
5		+	SampleDetailsRec	ordContent]		_	_	
6		+	+ + + +			-	-	
7		_	+ + + +					
8		+	++++	-		-		
0								
Collec	ted samples s	hould be delivered		[0]				
		o provide the servi		1]	Notified	l by :-		
[Collecti		[Collection	re request received :- nTimel		Signed	[NotifiedB	Simedl	[Confirmat
Service and	and the second	ing the contract lal	as traditional service		Name	[NotifiedB		
[Notifying	No. 2 and Control of the Control of	[Notifying	20 - 2 - Control		Post	[NotifiedB]		
		roject site staff)				contract laboratory s	taff)	
Agreed		[AgreedBySigned]		Collected	l by :-	[CollectedBySigned		
Signe		[AgreedByName]		Signed		[CollectedByName]		
Name		[AgreedByPost]		Name		[CollectedByPost]		
Post			(A come dDr (Einse)	Post		[CollectedByDate]	IC-llaste	[Authoriza
Date/	Time	[AgreedByDate]	[AgreedByTime]	Date/Ti	ne	[CollectedByDate]	Conecie	edByTime]
PWL Address		PWCL (GM)	fax number of PWL :- Cheung Yip Street, Ko			.FaxNumber		

ConfirmationContent\DeliveredTo	Collected samples should be delivered to
ConfirmationContent\ContractAllocated	Contract allocated to provide the service
ConfirmationContent\ CollectionDate	Date/Time of sample collection service request received :-
Confirmation Content Collection Time	request received
ConfirmationContent\CollectionTime	75 (77)
ConfirmationContent\NotifyingDate	Date/Time of notifying the contract
	laboratory :-
ConfirmationContent\NotifyingTime	
ConfirmationContent\NotifiedBySigned	Signed
ConfirmationContent\NotifiedByName	Name
ConfirmationContent\NotifiedByPost	Post
AuthorizationContent\AgreedBySigned	Signed
AuthorizationContent\AgreedByName	Name
AuthorizationContent\AgreedByPost	Post
AuthorizationContent\AgreedByDate	Date/Time
AuthorizationContent\AgreedByTime	
AuthorizationContent\CollectedBySigned	Signed
AuthorizationContent\CollectedByName	Name
AuthorizationContent\CollectedByPost	Post
AuthorizationContent\CollectedByDate	Date/Time
AuthorizationContent\CollectedByTime	
AuthorizationContent\PWLTelephoneNumbe	Telephone No.
r	
AuthorizationContent\PWLFaxNumber	Fax No.

3.43 WDD - 12.14 - 1.0 (Form 2007 - Registration Form for Testing of Construction Materials Message)

6	Public Works Laboratorie	s	For laborat	ory use only	y		
CEDD	Geotechnical Engineering Office		Account No	\$1	[Ac	ccountNumber]	
200			Date receive	ed	[Da	ateReceived]	
	REG	ISTRATION FO CONSTRUCT			OF		
Works Dep	t/Office [WorksDeptOffice]				[PWPItemNumber]	- A	
Project Titl					[ContractNumber]	[AccountCon	
Job Title of			Job N		[JobNumber]		
Work/Site				(ple	ase attach a site location	on plan if available)	
	to be completed and then emailed/faxed adicate below the required mate						
A. Flease II			ilS (Give separate d	etails of type of	f tests)		
Bitumir	ous materials (Note 2) [MaterialTe	stingServices] Ste	el reinforcemen	t		[TestRequestedCo	
	e cubes and cores		el section/pre-st	ressing strai	nd		
	Please specify)		Description]		about a		
	on service for concrete cubes, co				equiredCollectionServ	Not Required	
		officiete cores and st					
	Officer in charge of Contract	Laure I			Contract (if applic	cable)	
Name	; [GovernmentOfficerInChargeN		Name		altantInChargeName]		
Post Tel. No.	: [GovernmentOfficerInChargeP	With the same	Post Tel. No.		ultantInChargePost]	C. L. A. A. L. J	
Fax No.	: [GovernmentOfficerInChargeT : [GovernmentOfficerInChargeF		Fax No.	25	altantOfficerInChargeT altantOfficerInChargeF		
Address	: [GovernmentOfficerInChargeA		Address		altantOfficerInChargeA		
Email	: [GovernmentOfficerInCharge]		Email	5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	altantOfficerInChargeE		
	As Decision of the second of t			TOTAL OF BELLIN	wing project site per	10.00 persons 90	
Representat			and the same of the same of	and the same of th			
Name	; [RepresentativeOnSiteName]		[DeliveredBySite			SitePersonTwoName]	
Post	: [RepresentativeOnSitePost]	Post	[DeliveredBySite		3	SitePersonTwoPost]	
Tel. No.	: [RepresentativeOnSiteTelephoneNumber					SitePersonTwoTelephoneNu	
Fax No.	: [RepresentativeOnSiteFaxNum	ber]Fax No.				SitePersonTwoFaxNumber] [CollectionService	
	Person for Sample Collection		Recipient of				
Name	: [SiteContactPersonForSample]	Name]	Name	: [Recip	ientOfResultsName]		
Post	: [SiteContactPersonForSampleI	WAY THE BOOK AND AND	Post	: [Recip	ientOfResultsPost]		
Tel. No.	: [SiteContactPersonForSampleTelephoneNumber]		Tel. No.	: [Recip	ientOfResultsTelephon	neNumber]	
Fax No.	: [SiteContactPersonForSampleFaxNumber]		Fax No.	: [Recip	ientOfResultsFaxNum	ber]	
Email	: [SiteContactPersonForSample]	[Mail]	Email	Recip	ientOfResultsEMail]		
Recipient of	Test Certificates (Note 5)		Authorised	Person to co	ollect Test Certifica	ate (Note 6)	
Name	: [RecipientOfTestCertificatesNa		Name	: [Person	nToCollectTestCertific	ateName]	
Post	: [RecipientOfTestCertificatesPo	st]	Post	: [Person	nToCollectTestCertific	atePost]	
Tel. No.	: [RecipientOfTestCertificatesTe	lephoneNumber]	Tel. No.	[Person	nToCollectTestCertific	rateTelephoneNumber]	
Fax No.	: [RecipientOfTestCertificatesFa		Fax No.	: [Person	nToCollectTestCertific	cateFaxNumber]	
Address	: [RecipientOfTestCertificatesAd	ldress]					
Notes:							
	sses of PWLs can be found at the C aded from the downloading area o	그리아 얼마나 되었다고 아이에게 보고 있어야 하다 다					
be downie	aded from the downloading area o	the same CLDD wet		VCL.	PWRLs	as ionows.	
	Monday to Friday	(AM)		to 12 noon	8:30 am to 11:45 1:15 pm to 4:30		
	Saturday	(PM) (AM only)	1:45 pm				
	Sunday & Public Holiday	(Alvi only)	No sample rec	eption service	9:00 am to 11:30 es	7 4111	
	uesting tests for concrete cubes/cor		rials, mix design	No / ID and r	nix details should be		
	ollection service is not available for		utlying islands wi	thout a road	link. A procedural b	brief for requesting samp	
	and testing services will be provid mation shall be provided for perso		ples. Test sample	s shall not no	rmally be accepted	from non-government sta	
	nable to provide proof of governm						
	on government projects.						
	nt of failure to deliver to the stated ites are to be collected, any number					ates will not be released	
	n not pre-registered with the labor						
	v be sent by post to the client's hea						

CED			Laboratories ngineering Office, H	long Kong	Acce	ount No. e received			[AccountNum [DateReceive	
Date	of contract	t commen	Est	timate of T			1		atedContractCo	impletion]
	20 20	Type of	Estimated date	Est	timate of to		esting comn		period from	the
M	1aterial	test	of testing commencement	1-6	7-12	13-18	Months 19-24	25-30	31-36	Remainde
100000	erialName] regates	TypeOfTest	[Estimate	edTotalForMon		edTotalForMon		ntedTotalForM		tedTotalForRen
Bitun	minous L	[Estimated[DateOfCommencement	[Estimated	dTotalForMont		edTotalForMor		ntedTotalForMo	onth31-36]
.0000000	erete cubes			– [TestRequire	ementsRecordC					
Soils (In-s	200									
Soils (Labo	oratory)									
Steel	orcement									
Steel	section/									
Other	rs									
Notes Please	e use the sp	ace below	v or separate sheet	if insufficier	nt space abo	we, or for e	xplanatory	notes, speci		[TestRequiren
Post Tel. N	: No. :	Requested	rdByName] rdByPost] dByTelephoneNumber	ď	Si	gnature	: [Requesti	edBySignature	c]	[Requested
Fax N	No. :		dByFaxNumber] dByEMailAddress]		127	ate	: [Requeste			

PDF e-form Object Name for data capture	Title/Description on PDF Form
LabContent	For laboratory use only
LabContent\AccountNumber	Account No.
LabContent\DateReceived	Date received
AccountContent\WorksDeptOffice	Works Dept/Office
AccountContent\PWPItemNumber	PWP Item No.
AccountContent\ProjectTitle	Project Title
AccountContent\ContractNumber	Contract No.
AccountContent\JobTitle	Job Title (if any)
AccountContent\JobNumber	Job No. (if any)
AccountContent\WorkSiteLocation	Work/Site Location
TestRequestedContent\MaterialTEstingServi	A. Please indicate below the required
	•
TestPaguage dContent\Others Description	material testing services:
TestRequestedContent\OthersDescription	Others (Please specify) Name
CollectionServiceContent\GovernmentOffice rInChargeName	
CollectionServiceContent\GovernmentOffice rInChargePost	Post
CollectionServiceContent\GovernmentOffice rInChargeTelephoneNumber	Tel. No.
CollectionServiceContent\GovernmentOffice rInChargeFaxNumber	Fax No.
CollectionServiceContent\GovernmentOffice rInChargeAddress	Address
CollectionServiceContent\GovernmentOffice rInChargeEMail	Email
CollectionServiceContent\ConsultantInCharg	Name
CollectionServiceContent\ConsultantInCharg	Post
ePost	Tost
CollectionServiceContent\ConsultantInCharg eTelephoneNumber	Tel. No.
CollectionServiceContent\ConsultantInCharg eFaxNumber	Fax No.
CollectionServiceContent\ConsultantInCharg	Address
eAddress CollectionServiceContent\ConsultantInCharg	Email
eEMail CollectionServiceContent\RepresentativeOn	Name
SiteName CollectionServiceContent\RepresentativeOn	Post
SitePost Call attion Samina Contact Page 200 Action On	Tal Na
CollectionServiceContent\RepresentativeOn SiteTelephoneNumber	Tel. No.
CollectionServiceContent\RepresentativeOn SiteFaxNumber	Fax No.
CollectionServiceContent\DeliveredBySitePe rsonOneName	Name
CollectionServiceContent\DeliveredBySitePe rsonOnePost	Post

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CollectionServiceContent\DeliveredBySitePe	Tel. No.
rsonOneTelephoneNumber	
CollectionServiceContent\DeliveredBySitePe	Fax No.
rsonOneFaxNumber	
CollectionServiceContent\DeliveredBySitePe	Name
rsonTwoName	
CollectionServiceContent\DeliveredBySitePe	Post
rsonTwoPost	
CollectionServiceContent\DeliveredBySitePe	Tel. No.
rsonTwoTelephoneNumber	
CollectionServiceContent\DeliveredBySitePe	Fax No.
rsonTwoFaxNumber	
CollectionServiceContent\SiteContactPerson	Name
ForSampleName	
CollectionServiceContent\SiteContactPerson	Post
ForSamplePost	
CollectionServiceContent\SiteContactPerson	Tel. No.
ForSampleTelephoneNumber	
CollectionServiceContent\SiteContactPerson	Fax No.
ForSampleFaxNumber	Tun Tvo.
CollectionServiceContent\SiteContactPerson	Email
ForSampleEMail	
CollectionServiceContent\RecipientOfResult	Name
sName	Traine
CollectionServiceContent\RecipientOfResult	Post
sPost	
CollectionServiceContent\RecipientOfResult	Tel. No.
sTelephoneNumber	10.110.
CollectionServiceContent\RecipientOfResult	Fax No.
sFaxNumber	1 411101
CollectionServiceContent\RecipientOfResult	Email
sEMail	
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ertificatesName	
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ertificatesTelephoneNumber	
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ertificatesFaxNumber	
CollectionServiceContent\RecipientOfTestC	Address
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estCertificateName	-
CollectionServiceContent\PersonToCollectT	Post
estCertificatePost	
CollectionServiceContent\PersonToCollectT	Tel. No.
estCertificateTelephoneNumber	
CollectionServiceContent\PersonToCollectT	Fax No.
estCertificateFaxNumber	
TestRequirementContent\DateOfContractCo	Date of contract commencement
mmencement	
TestRequirementContent\DateOfEstimatedC	Date of estimated contract completion
ontractCompletion	
TestRequirementContent\TestRequirementsR	Material
	ı

The Release Notes V1.10.00 (Library of the PDF e-	Form schema, templates and conversion data files)
ecordContent\MaterialName	
TestRequirementContent\TestRequirementsR	Type of test
ecordContent\TypeOfTest	
TestRequirementContent\TestRequirementsR	Estimated date of testing commencement
ecordContent\EstimatedDateOfCommencem	
ent	
TestRequirementContent\TestRequirementsR	1-6
ecordContent\EstimatedTotalForMonth1-6	
TestRequirementContent\TestRequirementsR	7-12
ecordContent\EstimatedTotalForMonth7-12	
TestRequirementContent\TestRequirementsR	13-18
ecordContent\EstimatedTotalForMonth13-18	
TestRequirementContent\TestRequirementsR	TestRequirementContent\TestRequirements
ecordContent\EstimatedTotalForMonth19-24	RecordContent\EstimatedTotalForMonth19-
	24
TestRequirementContent\TestRequirementsR	25-30
ecordContent\EstimatedTotalForMonth25-30	
TestRequirementContent\TestRequirementsR	31-36
ecordContent\EstimatedTotalForMonth31-36	
TestRequirementContent\TestRequirementsR	Remainder
ecordContent\EstimatedTotalForRemainder	
TestRequirementContent\Notes	Please use the space below or separate
	sheet
RequestedByContent\RequestedByName	Name
RequestedByContent\RequestedByPost	Post
RequestedByContent\RequestedBySignature	Signature
RequestedByContent\RequestedByTelephon	Tel. No.
eNumber	
RequestedByContent\RequestedByFaxNumb	Fax No.
er	
RequestedByContent\RequestedByEMailAd	Email
dress	
RequestedByContent\RequestedByDate	Date

3.44 WDD - 12.15 - 1.0 (Form 2017 - Request Form for Calibration / Checking of Equipment Message)

Estimated completion date [Estimated completion date Estimated Client Ref. No. [ClientReferenceNum or PWCL - Calibrate Cope of calibrate (Manufacturer (Manu	CHECKING OF EQUIPMENT Test Request No. [Testimated completion date [Estimated [Estimated Completion date [Estimated Completion d	~~		[CalibrationUnitUseContent]-
Estimated completion date Testinated	Estimated completion date Est Client Ref. No. ClientReferenceNut	REQUEST FOR	M FOR CALIBRATION/	For laboratory use only
Client Ref. No. [ClientReferenceNum Calibrate Calibrate Calibrate	Client [Client] Client Ref. No. [ClientReferenceNum To:PWCL - Calibration Unit [CalibraneOrCheck] Please arrange tocalibrate /check the following equipment: Type of equipment : [TypeOrEquipment] Manufacturer : [Manufacturer] Equipment LD. No.	CHECKING	G OF EQUIPMENT	Test Request No. [TestRe
p: PWCL - Calibration Unit [Calibrate OrCheck] ase arrange to calibrate / check the following equipment : tree of equipment : [TypeOfEquipment] anufacturer : [Manufacturer] quipment I.D. No. : [Equipment[DNumber] odel No. : [ModelNumber] rial No. : [SerialNumber] are of expired [DateOfExpired] the equipment shall be to the following requirements : to the following requirements : cope of : [Scope] [RangeOrValue] : [DefinitionOfRangesValues] cquired accuracies : [RequiredAccuracies] ther requirements : [OtherRequirements] the above equipment is in good working condition and is ready for equested by ame : [RequestedByName] st : [RequestedByName] st : [RequestedByFethoneNumber] the No. : [RequestedByFethoneNumber] the : [RequestedByDate] tes : - The and the required accuracies to be given above shall be the most stringent of those requirements specified in the methods for tests for which the equipment is intendused.	To: PWCL - Calibration Unit [Calibrate of Cheek] Please arrange to calibrate / check the following equipment: Type of equipment : [Type of Equipment] Manufacturer : [Manufacturer] Equipment I.D. No. : [Equipment IDNumber] Model No. : [ModelNumber] Serial No. : [SerialNumber] Date of expired : [DateOfExpired] The equipment shall be to the following requirements: Scope of : [Scope] [RangeOvValue] : [DefinitionOfRangesValues] Required accuracies : [Required Accuracies] Other requirements : [OtherRequirements] The above equipment is in good working condition and is ready for Requested by Name : [RequestedByName] Post : [RequestedByPost] Tel. No. : [RequestedByPost] Tel. No. : [RequestedByPost] Notes : - The and the required accuracies to be given above shall be the most stringent of those requirements specified in the methods for tests for which the equipment is inter used. Remarks: [Remarks]			
CalibrateOrCheck	CalibrateOrCheck Please arrange to calibrate / check the following equipment:	Client [Client]		Client Ref. No. [ClientReferenceNumber
ase arrange to calibrate / check the following equipment: Type of equipment : [TypeOfEquipment] anufacturer : [Manufacturer] puipment I.D. No. : [Equipment[DNumber] odel No. : [ModelNumber] odel No. : [SerialNumber] of expired : [DateOfExpired] the equipment shall be to the following requirements: Type of expired : [Scope] [RangeOrValue] : [DefinitionOfRangesValues] Type of equipment shall be to the following requirements: Type of equipment shall be to the following requirements: Type of expired equipments: Type of equipment is in good working condition of the requirements in good working condition and is ready for expuested by the equipment is in good working condition and is ready for expuested by the equipment is in good working condition and is ready for expuested by the equipment is in good working condition and is ready for expuested by the equipment is in good working endition and is ready for expuested by the equipment is in good working endition and is ready for expuested by the equipment is in good working endition and is ready for expuested by the equipment is in good working endition and is ready for expuested by the equipment is in good working endition and is ready for expuested by the equipment is in good working endition and is ready for expuested by the equipment is in good working endition and is ready for expuested by the equipment is in good working endition and is ready for expuested by the equipment is in good working endition and is ready for expuested by the equipment is in good working endition and is ready for expuested by the equipment is in good working endition and is ready for expuested by the equipment is in good working endition and is ready for expuested by the equipment is good working endition and is ready for expuested by the equipment is good working endition and is ready for expuested by the equipment is good working endition and is ready for expuested by the equipment is good working endition and is ready for expuested by the equipment is good working endition and i	Please arrange to calibrate 7 check the following equipment: Type of equipment : [TypeOfEquipment] Manufacturer : [Manufacturer] Equipment I.D. No. : [EquipmentIDNumber] Model No. : [ModelNumber] Serial No. : [SerialNumber] Date of expired : [DateOfExpired] The equipment shall be to the following requirements: Scope of : [Scope] [RangeOvalue] : [DefinitionOfRangesValues] Required accuracies : [Required Accuracies] Other requirements : [OtherRequirements] The above equipment is in good working condition and is ready for Requested by Name : [RequestedByName] Post : [RequestedByPost] Tel. No. : [RequestedByPost] Tel. No. : [RequestedByPast] Date : [RequestedByPaxNumber] Date : [RequestedByDate] Notes: - The and the required accuracies to be given above shall be the most stringent of those requirements specified in the methods for tests for which the equipment is inter used. Remarks: [Remarks]		Chb1	
anufacturer puipment I.D. No. [EquipmentIDNumber] odel No. [ModelNumber] rial No. [SerialNumber] ate of expired [DateOfExpired] ne equipment shall be to the following requirements : tope of [Scope] [RangeOrValue] [DefinitionOfRangesValues] equired accuracies [RequiredAccuracies] the requirements [OtherRequirements] ne above equipment is in good working condition and is ready for equested by anne [RequestedByName] set [RequestedByName] set [RequestedByPast] the No. [RequestedByPastPelphoneNumber] tax No. [RequestedByDate] tes : - The and the required accuracies to be given above shall be the most stringent of those requirements specified in the methods for tests for which the equipment is intendused.	Manufacturer Equipment I.D. No.			t :
anufacturer puipment I.D. No. [EquipmentIDNumber] odel No. [ModelNumber] rial No. [SerialNumber] ate of expired [DateOfExpired] ne equipment shall be to the following requirements : tope of [Scope] [RangeOrValue] [DefinitionOfRangesValues] equired accuracies [RequiredAccuracies] the requirements [OtherRequirements] ne above equipment is in good working condition and is ready for equested by anne [RequestedByName] set [RequestedByName] set [RequestedByPast] the No. [RequestedByPastPelphoneNumber] tax No. [RequestedByDate] tes : - The and the required accuracies to be given above shall be the most stringent of those requirements specified in the methods for tests for which the equipment is intendused.	Manufacturer Equipment I.D. No.	Type of equipment	(TypeOflicationness)	
puipment LD. No. : [EquipmentIDNumber] odel No. : [ModelNumber] ate of expired : [DateOfExpired] ate equipment shall be to the following requirements : sope of : [Scope]	Equipment I.D. No. : [Equipment[DNumber] Model No. : [ModelNumber] Serial No. : [SerialNumber] Date of expired : [DateOfExpired] The equipment shall be to the following requirements : Scope of : [Scope] [RangeOrValue] : [DefinitionOfRangesValues] Required accuracies : [Required Accuracies] Other requirements : [OtherRequirements] The above equipment is in good working condition and is ready for Requested by Name : [RequestedByName] Post : [RequestedByPost] Tel. No. : [RequestedByTelephoneNumber] Fax No. : [RequestedByFaxNumber] Date : [RequestedByDate] Notes :- The and the required accuracies to be given above shall be the most stringent of those requirements specified in the methods for tests for which the equipment is inter used. Remarks: [Remarks]	1.00Fig 10.00 (5 5)		
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emarks:	Remarks: [Remarks]	Notes: - The		
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	T. L L. II. DWG (O.F. et II.)	stringent of those requused. Remarks:		or tests for which the equipment is intende
To be seen by the DWGL/G-Physical Livin		stringent of those requused. Remarks:		or tests for which the equipment is intende
16 be completed by PwCL/Calibration Unit	16 be completed by PWCL/Calibration Unit	stringent of those requused. Remarks: [Remarks]	uirements specified in the methods fo	or tests for which the equipment is intende
To be completed by PWCL/Calibration Unit	To be completed by PWCL/Calibration Unit			ar tacte for which the equipment is in
		stringent of those requused. Remarks: [Remarks]	uirements specified in the methods fo	or tests for which the equipment is fine to
ompleted by	Completed by	stringent of those requused. Remarks: [Remarks] To be completed by PWC	uirements specified in the methods fo	or tests for which the equipment is intended
	Completed by Signature (Completed Resignature)	stringent of those requused. Remarks: [Remarks] To be completed by PWC	uirements specified in the methods for	or tests for which the equipment is intende
gnature : [CompletedBySignature]	Signature : [CompletedBySignature]	stringent of those requused. Remarks: [Remarks] To be completed by PWC Completed by Signature	CL/Calibration Unit : [CompletedBySignature]	or tests for which the equipment is intende
gnature : [CompletedBySignature] ame : [CompletedByName]	Signature : [CompletedBySignature] Name : [CompletedByName]	stringent of those requused. Remarks: [Remarks] To be completed by PWC Completed by Signature Name	CL/Calibration Unit : [CompletedBySignature] : [CompletedByName]	
gnature : [CompletedBySignature] ame : [CompletedByName] st : [CompletedByPost]	Signature : [CompletedBySignature] Name : [CompletedByName] Post : [CompletedByPost]	stringent of those requused. Remarks: [Remarks] To be completed by PWC Completed by Signature Name Post	CL/Calibration Unit [CompletedBySignature] [CompletedByName] [CompletedByPost]	of tests for which the equipment is intended

PDF e-form Object Name for data capture	Title/Description on PDF Form
CalibrationUnitUseContent	For laboratory use only
CalibrationUnitUseContent\TestRequestedN	Test Request No.
umber	
CalibrationUnitUseContent\EstimatedCompl	Estimated completion date
etionDate	
AccountContent\Client	Client
AccountContent\ClientReferenceNumber	Client Ref. No.
CalibrateOrCheck	Please arrange to
EquipmentContent\TypeOfEquipment	Type of equipment
EquipmentContent\Manufacturer	Manufacturer
EquipmentContent\EquipmentIDNumber	Equipment I.D. No.
EquipmentContent\ModelNumber	Model No.
EquipmentContent\SerialNumber	Serial No.
EquipmentContent\DateOfExpired	Date of
CalibrateOrCheckingRequirements\Scope	Scopeof
CalibrateOrCheckingRequirements\RangeOr	
Value	
CalibrateOrCheckingRequirements\Definitio	
nOfRangesValues	
CalibrateOrCheckingRequirements\Required	Required accuracies
Accuracies	
CalibrateOrCheckingRequirements\OtherReq	Other requirements
uirements	
RequesterContent\RequestedByName	Name
RequesterContent\RequestedByPost	Post
RequesterContent\RequestedByTelephoneNu	Tel. No.
mber	
RequesterContent\RequestedByFaxNumber	Fax No.
RequesterContent\RequestedByDate	Date
RequesterContent\Remarks	Remarks
CompletedByContent\CompletedBySignatur	Signature
e	
CompletedByContent\CompletedByName	Name
CompletedByContent\CompletedByPost	Post
CompletedByContent\CompletedByDate	Date

3.45 WDD - 12.16 - 1.0 (Form 2409 - Request Form for Steel Fabric Sample Collection Service (For PWCL) Message)

REC	QUEST I	FORM F	OR SAM	IPLE COLL STEEL FA	ECTION S BRIC	SERVIC	E (FOR PWC	L)
PART A: Reques	t (To be co	mpleted and [Job]	then faxed to	o PWCL ¹ by a pr	oject assistant i		e grade officer or abo Contract No.	ove (or his delegate)) [JobContractNumber]
Client (Dept/Offic		[Client]					nt Ref. No.	[ClientReferenceNumber]
No. of samples to		200 B	erOfSampleC	The state of the			iested by :-	
Location of sample			Section 1	fSampleCollected]	10772 1070 179	Sign		dBySigned]
Site Contact Perso				Tel. No. [SiteT				
Are preliminary te			_	Yes No		Post	20 Table 10	
If yes, please prov	ide rax ivo	3. for the	reliminary Le		aryTestResultFax	Date	[Requested	ibyDatej
Sample Collecti Please test the acco	ompanyinį	g samples ir		ce with BS 4483		iscellaneous Grade	steel testing [No.C En	g D (GEO) 2404]
Sample SampleReferenceNumb	mple	Type of Wire TypeOfWire]	Reference	Diameter of Longitudinal	of Cross	of Wire	Manufacture	
The second secon	Description]	Typeormacj	[Dia	ameterOfLongitudi	nalj	GradeOfWire	[Manufacturer]	[Remarks]
		[BSI	ReferenceNun	nber] [Dia	ameterOfCrossWi	ire]	12	
			[Sa	mpleCollectionRec	ordContent]			
							-	
							<u> </u>	
							-	
PART B : Confi (To be completed an Collected samples	d faxed to (Contract Lab	oratory by P		intract laborato	ry by PWCi	L staff)	
Contract allocated	•			ractAllocated]		P10 40 000 000	equest No. :	
Date/Time of sam [CollectionDate]	ple collect	ion service [Collection		eived :-		Notified Signed	NotifiedByS	[Confirmati
Date/Time of notif	fying the c	A Commence				Name	[NotifiedByN	
[NotifyingDate]	yang tare e	[Notifying]				Post	[NotifiedByF	
(To be completed by	project site	staff)			(To be comple	ted by cont	ract laboratory staff)
Agreed by :-		77			Collected by			
Signed		reedBySigned]			Signed		[CollectedBySigned]	
Name		reedByName]			Name		[CollectedByName]	
Post		reedByPost]	200	. 20 20 40	Post		[CollectedByPost]	
Date/Time	[Agr	reedByDate]	[Agre	eedByTime]	Date/Time		[CollectedByDate]	[CollectedByTime]
Name, address, tel	PWCL ((GM)		of PWL :- Street, Kowloo	on Bay, Kowlo	oon.		[Authorizat

PDF e-form Object Name for data capture	Title/Description on PDF Form
RequestContent\Job	Job
RequestContent\JobContractNumber	Job/Contract No.
RequestContent\Client	Client (Dept/Office)
RequestContent\ClientReferenceNumber	Client Ref. No.
AccountInfoContent\Client	Client (Works Dept/Office)
RequestContent\NumberOfSampleCollected	No. of samples to be collected
RequestContent\LocationOfSampleCollected	Location of samples to be collected
RequestContent\SiteContactPerson	Site Contact Person
RequestContent\SiteTelephoneNumber	Site Tel. No.
RequestContent\PreliminaryTestResult	Are preliminary test results by Fax required
RequestContent\PreliminaryTestResultFaxN	If yes, please provide Fax No
umber	7
RequestContent\RequestedBySigned	Signed
RequestContent\RequestedByName	Name
RequestContent\RequestedByPost	Post
RequestContent\RequestedByDate	Date
RequestContent\SampleCollectionRecordCo	Client Sample No.
ntent\ClientSampleReferenceNumber	1
RequestContent\SampleCollectionRecordCo	Sample description
ntent\SampleDescription	
RequestContent\SampleCollectionRecordCo	Type of Wire
ntent\TypeOfWire	
RequestContent\SampleCollectionRecordCo	BS Reference No.
ntent\BSReferenceNumber	
RequestContent\SampleCollectionRecordCo	Diameter of Longitudinal
ntent\DiameterOfLongitudinal	-
RequestContent\SampleCollectionRecordCo	Diameter of Cross Wire
ntent\DiameterOfCrossWire	
RequestContent\SampleCollectionRecordCo	Grade of Wire
ntent\GradeOfWire	
RequestContent\SampleCollectionRecordCo	Manufacturer
ntent\Manufacturer	
RequestContent\SampleCollectionRecordCo	Remarks
ntent\Remarks	
ConfirmationContent\DeliveredTo	Collected samples should be delivered to
ConfirmationContent\ContractAllocated	Contract allocated to provide the service
ConfirmationContent\CollectionDate	Date/Time of sample collection service
	request received :-
ConfirmationContent\CollectionTime	
ConfirmationContent\NotifyingDate	Date/Time of notifying the contract
	laboratory :-
ConfirmationContent\NotifyingTime	
ConfirmationContent\NotifiedBySigned	Signed
ConfirmationContent\NotifiedByName	Name
ConfirmationContent\NotifiedByPost	Post
AuthorizationContent\AgreedBySigned	Signed
AuthorizationContent\AgreedByName	Name
AuthorizationContent\AgreedByPost	Post
AuthorizationContent\AgreedByDate	Date/Time

AuthorizationContent\AgreedByTime	
AuthorizationContent\CollectedBySigned	Signed
AuthorizationContent\CollectedByName	Name
AuthorizationContent\CollectedByPost	Post
AuthorizationContent\CollectedByDate	Date/Time
AuthorizationContent\CollectedByTime	
AuthorizationContent\PWLTelephoneNumbe	Telephone No.
r	
AuthorizationContent\PWLFaxNumber	Fax No.

3.46 WDD - 12.17 - 1.0 (Form 2509 - Request Form for Soil Testing For Checking of Compliance with Specification Requirements Message)

CEDD			aboratories neering Office	, Hong Kong		tion Request N equest No. (TF		[CollectionRequestNumber]
		1	FOR CHI SPEC	REQUEST I ECKING OF IFICATION guidance notes attac	COMP REQUI	LIANCE W	/ITH S	
Account No.	(if availabl	e) [Ac	ccountNumber]	724 304-0		Client Test Re	quest Ref. No.	[ClientTestRequestReferenceNumber]
(Please provide t Client (Work Job Title Work/Site Lo	s Dept/Offi	ce) [Cl	rmation if accountient] bTitle] orkSiteLocation]	nt no. is not availab		Contract No. Job No.	[ContractNumber]	er] [Account]
Sampling loc Sample type			mplingLocation]					[Samp
Lab. Sample Ref. No.	Receive	2258 Grade 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Client Sample Ref. No. ⁽⁴⁾	Tes	sts requeste	od (5)	Drying method ⁽⁶⁾	Additional information and requirements ⁽⁶⁾
ampleReferenceN			npleReferenceNu					9
[ReceivedSam	oleMass]		[TestRequeste	d]	DryingMethod	nalInformationAndRequiremen
				— [TestRequestCo	intent] —		Izxudinos	Intilioritisticis sidrecontribet
(The following p Requested by	art is recommo	ended to be	e vetted and signe	ed by a qualified pro	ofessional en	gineer responsible	for checking of co	mpliance.)
Signature	; [1	RequestedI	BySignature]		C	onsultant (If applie	able) ; [Consul	tantSignature]
Name		RequestedE						tantName]
Post Tel. No.		RequestedI		Access -				tantPost]
Fax No.			ByTelephoneNun ByFaxNumber]	iber]				tantTelephoneNumber] tantFaxNumber]
Date		Requested					19 13 23 33	tantDate]
Samples to be							2.0 Albert 2000	[Confirmat
Name		DeliveredB	vNamel					
Post		DeliveredB						
Tel. No.	: [1	DeliveredB	yTelephoneNum	ber]				
Fax No.	; [1	DeliveredB	yFaxNumber]					
		requests		nail address to v				ToBeCollected

PDF e-form Object Name for data capture	Title/Description on PDF Form
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
AccountInfoContent\AccountVulnber AccountInfoContent\ClientTestRequestRefer	Client Test Request Ref. No.
enceNumber	Chefit Test Request Ref. 140.
AccountInfoContent\Client	Client (Works Dept/Office)
AccountInfoContent\ContractNumber	Contract No.
AccountInfoContent\JobTitle	Job Title
AccountInfoContent\JobNumber	Job No.
AccountInfoContent\WorkSiteLocation	Work/Site Location
SampleContent\SamplingLocation	Sampling location
SampleContent\SamplingType	Sampling type
TestRequestContent\LabSampleReferenceNu	Lab. Sample Ref. No.
mber	
TestRequestContent\ReceivedSampleMass	Received sample mass
TestRequestContent\ClientSampleReference	Client Sample Ref. No.
Number	T
TestRequestContent\TestRequested	Test requested
TestRequestContent\DryingMethod	Drying method
TestRequestContent\AdditionalInformationA	Additional information and requirements
ndRequirements	
ConfirmationContent\RequestedBySignature	Signature
ConfirmationContent\RequestedByName	Name
ConfirmationContent\RequestedByPost	Post
ConfirmationContent\RequestedByTelephon	Tel. No.
eNumber	
ConfirmationContent\RequestedByFaxNumb	Fax No.
er	
ConfirmationContent\RequestedByDate	Date
ConfirmationContent\ConsultantSignature	Consultant (if applicable)
ConfirmationContent\ConsultantName	Name
ConfirmationContent\ConsultantPost	Post
ConfirmationContent\ConsultantTelephoneN	Tel. No.
umber	
ConfirmationContent\ConsultantFaxNumber	Fax No.
ConfirmationContent\ConsultantDate	Date
ConfirmationContent\DeliveredByName	Name
ConfirmationContent\DeliveredByPost	Post
ConfirmationContent\DeliveredByTelephone	Tel. No.
Number	
ConfirmationContent\DeliveredByFaxNumb	Fax No.
er	

3.47WDD – 12.18 – 1.0 (Form 2510 – Request Form for Laboratory Soil Testing Message)

6	Public Worl	s Laborator	ioc	For laborate	ry use only		
CEDD			ffice, Hong Kong	Collection R	equest No. (CRN)	[Collection]	RequestNumber]
~~	Geolecinica	Eligineening C	lilice, Hong Nong	Test Reques		[TestReque	
		TEST R	EQUEST FO	R LABORAT	OR LABORATORY SOIL TESTING		
					completion of this form)		
Account N	lo. (if available) [Accou	ntNumber]	CI	ent Test Request Ref. N	No. [ClientTe	sstRequestReferenceNumber]
(Please provi	de the following pr	roject information	if account no. is not a				
	orks Dept/Offic				ntract No. [Contrac	tNumber]	[AccountInfoCo
Job Title		[JobTit	le]	Jol	No. [JobNur	nber]	1
Work/Site	Location	[WorkS	SiteLocation]				
T	. 100.1						BWI THEN
	uested (Select ap 2.3.2 A(105+/-50				escription of test are Content by oven drying r		PWLTM No.
	Method 5.1(45	- Heetik	equestedName]	Determination of Moist	are Content by oven drying i	[Determination	OfMoistureContentInfo]
	2.3.2C of GEO Rep	1 TestR		Comparative test for the	determ [ComparativeTestFo	rDetermination(OfMoistureContentInfo]
	Method 5.3 of Geo	spec 3.		oven drying.		Lo	01 7.3
=	2.4.3 of GEO Repo				[DeterminationOfLiquidLim Limit, Plasticity Index and I	ionit	
☐ Test 2	2.5.3 of GEO Repo	rt No. 36. [TestR		Index.	I tobelety andex and I	Determin	ationOfPlasticLimitInfo]
Test 1	Method 6.1 of Geo	spec 3. [TestRo	equestedName] I	Determination of Liquid	Limit, Plastic Limit and Plas	stici [Determina	tionOfLiquidLimitInfo]
Test 1	Method 6.2 of Geo	spec 3. [TestR	equestedName] I	Determination of Liquid	lity Index.	Determination	nOfLiquidityIndexInfo]
_		Lof GEO Re	equestedName]	[RequestedUsingMetho	d] DeterminationOfPun	- In	tionByWetSievingInfo]
=	Method 8.1	8.2 of Gel		without dispersant, using	me		
Test 2	2.9.5 A / LE	of GEO Report No. 3		-	le Size Distribution by the hy DeterminationOfParticleSizeI		vdrometerMethodInfol
Test !	Method 8.5	8.6 of Ge		[RequestedUsingMe]		19	01 0.0/0.0
	2.9.6 of GEO Repo			Construction of a contin		ntinuousSizeDi	stributionCurveInfo]
	4.3.3(A)/ 4.	3.3(B)/ 4.3.4(from the results of wet-	sieving ail.	SC	0L4.1(a)/4.1(b)/4.1(c)/)
□ of GE	O Report 36.		anuectedName1	Determination of Dete	mninationOfDryDensityAndN		
Test N	lethod 10. (1/		r Geospec 3.	of soil (using 100			SP 10.1/10.2/10.3/19.4
BS13	77:1975 Test 13 w	ith modification	amustadNomal I	Determination of	OD-D-1-A-B		Assist EV Downwood of all
Test N	fethod 10. (5/	Je/ □// [Testic	equestedName]	of soil (using 100	rminationOfDryDensityAnd!	vioistureContent	4point5KgKammerintoj
BS13	77:1990 CL 7 with	modification.	1	Determinatio [Degree(fCompaction] th [Moistu		DL 4.3
	Method 12.1 of Ge		equestedName]	[IsSoaked]			nOtLaboratoryCbrInfo] SP 12.1
rest.	stediod 12.1 or Ge	ospec 3.		soaked/ unsoake	d; , surcharge: kPa).	0	51 12.1
Othe	rs (please specify	() [Others]	[OtherDescription	n]	[Surcharge]		[TestRequestedC
ample det			COLUMN COLUMN CONTROL				
Sampling/To	esting location(1)	: [SampleTesting	gLocation]				
Sample type				se indicate)(2): [Ot	nerSampleType]		
Samp	100000000000000000000000000000000000000	Type]	Additional infor			Remark	
[Sample	Number]		[AdditionalInfor	mation]		[Remarks	
			[San	pleDetailsRecordConte	nt]		SampleDetailsC
					-		
Other infor			OvenDryTemperatur	re]			
Oven-drying	[Preliminary]	[estResult]	45+/-5C 12	5+/-5C Microv	vave Oven.		OtherInfoC
reliminary	test result is	is not requir	ed. If require, plea		PreliminaryTestResultFaxNu	mber]	
	delivery super			1000 000 F	uested by :-		1
Signature Name		liverySupervisedB liverySupervisedB		Signature Name	: [RequestedByS : [RequestedByN		
ost/Affiliat	Destroit GO Day	liverySupervisedB	73.000 3000	Post/Affilia			[AuthorizationC
el. No.	; [De	liverySupervisedB	lyTelephoneNumber]	Tel. No.	; [RequestedByT		The second secon
ax No.		liverySupervisedB		Fax No.	: [RequestedByF		
Date Fill in the k		liverySupervisedB		Date	: [RequestedByD	The state of the s	oark Wr. L.
				from the laborator	certificate(s) should be v in person.	_	
- morton	c.rem req	Name :	[DeliveryName			(1	oBeCollected]
				<u> </u>		3/2	[ToBeDeliveredC
		1					1
		Address:	DeliveryAddre	ess			
		Address:	[DeliveryAddre	ess]			

PDF e-form Object Name for data capture	Title/Description on PDF Form
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
AccountInfoContent\ClientTestRequestRefer	Client Test Request Ref. No.
enceNumber	
AccountInfoContent\Client	Client (Works Dept/Office)
AccountInfoContent\ContractNumber	Contract No.
AccountInfoContent\JobTitle	Job Title
AccountInfoContent\JobNumber	Job No.
AccountInfoContent\WorkSiteLocation	Work/Site Location
TestRequestedContent\DeterminationOfMois	Determination of Moisture Content by
tureContentInfo	
TestRequestedContent\ComparativeTestFor	Comparative test for the
DeterminationOfMoistureContentInfo	D
TestRequestedContent\DeterminationOfLiqu idLimitByTheConePenetrometerMethodInfo	Determination of Liquid Limit by the cone penetrometer method.
TestRequestedContent\DeterminationOfPlast	Determination of Plastic Limit,
icLimitInfo	Determination of Flastic Limit,
TestRequestedContent\DeterminationOfLiqu	Determination of Liquid Limit, Plastic
idLimitInfo	Limit
TestRequestedContent\DeterminationOfLiqu	Determination of Liquidity Index.
idityIndexInfo	2 communication of Enquiring Indian
TestRequestedContent\DeterminationOfParti	Determination of Particle Size Distribution
cleSizeDistributionByWetSievingInfo	by wet sieving
TestRequestedContent\DeterminationOfParti	without disperant, using
cleSizeDistributionByWetSievingInfo\Reque	1 , 2
stedUsingMethod	
TestRequestedContent\DeterminationOfParti	Determination of Particle Size Distribution
cleSizeDistributionByHydrometerMethodInf	by hydrometer method
0	
TestRequestedContent\DeterminationOfParti	without disperant, using
cleSizeDistributionByHydrometerMethodInf	
o\RequestedUsingMethod	
TestRequestedContent\ConstructionOfContin	Construction of a continuous Particles
uousSizeDistributionCurveInfo	
TestRequestedContent\DeterminationOfDry	Determination of Dry Density & Moisture
DensityAndMoistureContent2point5KgRam	Content and 2.5 kg Rammer).
merInfo	
TestRequestedContent\DeterminationOfDry	Determination of Dry Density & Moisture
DensityAndMoistureContent4point5KgRam	Content and 4.5 kg Rammer).
merInfo	Deterministical CI 1
TestRequestedContent\DeterminationOfLabo	Determiniation of laboratory CBR test
ratoryCbrInfo TextPowertedContent\DeterminationOfLeho	Deams of commention:
TestRequestedContent\DeterminationOfLabo	Degree of compaction:
ratoryCbrInfo\DegreeOfCompaction TestPassystadContent\DeterminationOfLaborati	0/ of maintum content:
TestRequestedContent\DeterminationOfLabo	% of moisture content:
ratoryCbrInfo\MoistureContent TestPaguestadContent\DatarminstianOfLabo	
TestRequestedContent\DeterminationOfLabo	

Works Project Information Standard The Release Notes V1.10.00 (Library of the PDF e-Form schema, templates and conversion data files)

The Release Notes V1.10.00 (Library of the PDF e-	-Form schema, templates and conversion data files)
ratoryCbrInfo\IsSoaked	
TestRequestedContent\DeterminationOfLabo	surcharge:
ratoryCbrInfo\Surcharge	
TestRequestedContent\Others	Others (please specify)
TestRequestedContent\OtherDescription	1 1
SampleDetailsContent	Sample details:-
SampleDetailsContent\SamplingTestingLoca	Sampling/Testing location
tion	Sumpring/Testing location
SampleDetailsContent\SampleType	Sample type
SampleDetailsContent\OtherSampleType	Others (Please indicate)
SampleDetailsContent\SampleDetailsRecord	Sample no.
Content\SampleNumber	Sample no.
	Additional information
SampleDetailsContent\SampleDetailsRecord	Additional information
Content/AdditionalInformation	D 1
SampleDetailsContent\SampleDetailsRecord	Remarks
Content\Remark	
OtherInfoContent	Other information/requirement:-
OtherInfoContent\OvenDryTemperature	Oven-drying temperature of sample shall
	be:
OtherInfoContent\PreliminaryTestResult	Preliminary test result
OtherInfoContent\PreliminaryTestResultFax	If require, please state Fax No.:-
Number	
AuthorizationContent\DeliverySupervisedBy	Signature
Signature	
AuthorizationContent\DeliverySupervisedBy	Name
Name	
AuthorizationContent\DeliverySupervisedBy	Post/Affiliation
Post	
AuthorizationContent\DeliverySupervisedBy	Tel. No.
TelephoneNumber	
AuthorizationContent\DeliverySupervisedBy	Fax No.
FaxNumber	
AuthorizationContent\DeliverySupervisedBy	Date
Date	
AuthorizationContent\RequestedBySignature	Signature
AuthorizationContent\RequestedByName	Name
AuthorizationContent\RequestedByPost	Post/Affiliation
AuthorizationContent\RequestedByTelephon	Tel. No.
eNumber	
AuthorizationContent\RequestedByFaxNum	Fax No.
ber	
AuthorizationContent\RequestedByDate	Date
ToBeDeliveredContent	Fil in the box below the name and
	address
ToBeDeliveredContent\ToBeCollected	"To be collected"
ToBeDeliveredContent\DeliveryName	Name
ToBeDeliveredContent\DeliveryAddress	Address
1 ODODOH VOI CUCOHICHI (DEH VEL YAUGIESS	11001033

3.48 WDD - 13.0 - 1.0 (GF 521 Works Order Message)

100	[De	epartment]	DEPARTMENT		
From [FromN	Name]		To [ToName]		
[FromA	Address]		[ToAddress]		
Please carry out	the Works as detailed below which sha	all commence *	CommencePeriodFlag]	[C	ommencingOn
	ed on or before [CompletedOn]under to the contractTitle]	the terms of Contract 1	No. [ContractNumber]	(PWP No.	[PWPNumber
		Signature	[OrderPers	onSignatur	e]
		Name	[OrderPersonName]	Designat	tion [OrderPersonDesi
Inspector of Wo	orks [InspectorOfWorks]	*	[OrderPersonTitle]	Date	[OrderDate
Item No.	Location		Description of Works	8	
[ItemNumber]	[LocationOfWorks]		[DescriptionOfWork	ss]	
	[ItemRecordInfoContent]				
	[ItemRecordInfoContent]				
	[ItemRecordInfoContent]				
	[ItemRecordInfoContent]			[ItemI	InformationCor
	[ItemRecordInfoContent]			[ItemI	informationCor
	[ItemRecordInfoContent]			[ItemI	informationCor
	[ItemRecordInfoContent]			[ItemI	informationCor
	[ItemRecordInfoContent]			[ItemI	informationCor
		Estimated value of Wo	orks \$ [EstimatedValu	C C C C C C C C C C	
	I a above mentioned work was satisfactor	rily	VOTE RECO	neOfWorks]	
	I	rily	VOTE RECO	neOfWorks] PRD Codes1]	
completed in acceptifiedCompletion	e above mentioned work was satisfactor cordance with the Contract on [CertifiedComplemContent]	orily USER COL	VOTE RECO [Usero	neOfWorks] PRD Codes1] Codes2]	
completed in acceptifiedCompletion	te above mentioned work was satisfactor cordance with the Contract on [CertifiedComplemContent] [CertifiedBySignature]	user con letionDate F.A./A.W.	VOTE RECO DES [Userd [Userd	DrAW]	l
completed in acceptifiedCompletion Signature Name [CertifiedCompletion of the complete of the	e above mentioned work was satisfactor cordance with the Contract on [CertifiedComplemContent]	F.A./A.W.	VOTE RECO DES [Userd [Userd	neOfWorks] PRD Codes1] Codes2] OrAW]	l

PDF e-form Object Name for data capture	Title/Description on PDF Form
WorksOrderNumber	WORKS ORDER NO.
Department	DEPARTMENT
FromName	From
FromAddress	
ToName	То
ToAddress	
CommencePeriodFlag	Please carry out the Works as detailed below which shall commence *
CommencingOn	
CompletedOn	And be completed on or before
ContractNumber	Under the terms of Contract No.
PWPNumber	PWP No.
ContractTitle	CONTRACT TITLE
OrderPersonSignature	Signature
OrderPersonName	Name
OrderPersonDesignation	Designation
InspectorOfWorks	Inspector of Works
OrderPersonTitle	*
OrderDate	Date
ItemInformationContent\ItemRecordInfoContent\ItemNumber	Item No.
ItemInformationContent\ItemRecordInfoContent\LocationOfWorks	Location
ItemInformationContent\ItemRecordInfoContent\DescriptionOfWorks	Description of Works
ItemInformationContent\EstimatedValueOf Works	Estimated value of Works \$
CertifiedCompletionContent\CertifiedCompletionDate	with the Contract on
CertifiedCompletionContent\CertifiedBySign ature	Signature
CertifiedCompletionContent\CertifiedName	Name
CertifiedCompletionContent\CertifiedDesign ation	Designation
CertifiedCompletionContent\CertifiedByTitl e	*
CertifiedCompletionContent\CertifiedDate	Date
VoteRecordContent	VOTE RECORD
VoteRecordContent\UserCodes1	USER CODES
VoteRecordContent\UserCodes2	
VoteRecordContent\FAOrAW	F.A./A.W.
VoteRecordContent\FileEnclosureNumber	File Reference
VoteRecordContent\FileReferenceNumber	In
VoteRecordContent\CommitmentRecordBy	Commitment recorded by
VoteRecordContent\CommitmentRecordDat	Date
e	

3.49 WDD - 13.1 - 1.0 (Variation Order)

	7.145	2006 Edition
APPENDIX 7.21	VARIATION ORDER FORM	
VADIATI	ON ORDER NO [VariationOrderNum	herl
Dear Sir,	ON ORDER NO <u>(Variation</u> Order Num	berg
	act No. [ContractNumber]	
Contr		
	[ContractTitle]	
In accordance with Clause 60 of the following:	of the General Conditions of Contract,	please carry out
[OrderContent]		
		Danie -
Nos are to be executed on day [ItemNumber]	2(1) of the General Conditions of Con work basis.	tract, Items
	Yours faithfully,	
	[PersonName] [Person	onTitle]
	Name/Designation of the l or Engineer's Represent	Engineer tative
	or Engineer's respective	
c.c. [CCPerson]	[PersonSignature]	
* delete where inapplicable		
•		

PDF e-form Object Name for data capture	Title/Description on PDF Form
VariationOrderNumber	Variation Order Number
ContractNumber	Contract No.
ContractTitle	
OrderContent	In accordance with Clause 60 of the General
	Conditions of Contract, please carry out the
	following:
ItemNumber	Items Nos
PersonName	Name of Engineer
PersonTitle	Designation of Engineer
PersonSignature	
CCPerson	c.c.

3.50 WDD - 13.2 - 1.0 (Standard Letter for Variation Order)

7.146	2006 Edition
APPENDIX 7.22 STANDARD LETTER	FOR VARIATION ORDER
VALUATION OF VARIATION ORI	DER NO [VariationOrderNumber]
Dear Sir,	
Contract No. [Contract	tNumber]
[ContractTitle]	
I refer to Variation Order No Order Number date	ed OrderDate]
In accordance with Clause 61 of the General Co the following items of work in the said variation order	
Item No. Description Quantity/	Unit Rate Amount \$
[ItemNumber] [ItemDescription] [OrderQuantity] [OrderRecord]	[OrderUnit] [Rate] [Amount]
* This base which the work was carried out and are not subject to 0	ed on prices current on the dates on Contract Price Fluctuations.
	Yours faithfully,
-	
	[OrderPersonSignature] he Engineer for the Contract
Order	rPersonName] [OrderPersonTitle]
b.c.c. D of A Relevant Consultants' Management Office (for consultant-managed contracts) Engineer's Representative STA (or responsible Accounts Officer), departs SE/CA (or responsible Contract Adviser), departs	
* delete where inapplicable	

PDF e-form Object Name for data capture	Title/Description on PDF Form
VariationOrderNumber	Valuation of Variation Order No
ContractNumber	Contract No.
ContractTitle	
OrderNumber	Variation Order No
OrderDate	dated
OrderRecord\ItemNumber	Item No.
OrderRecord\ItemDescription	Description
OrderRecord\OrderQuantity	Quantity
OrderRecord\OrderUnit	Unit
OrderRecord\Rate	Rate
	\$
OrderRecord\Amount	Amount
	\$
ChoicePricesCurrentAtTimeOfTender	
NumberListForCurrentAtTimeOfTender	
ChoicePricesCurrentOnTheDates	
NumberListForCurrentOnTheDate	
OrderPersonSignature	The Engineer of the Contract
OrderPersonName	
OrderPersonTitle	

3.51 WDD - 13.3 - 1.0 (Current Financial Statement)

	7.147	2006 Edition
APPENDIX 7.23	CURRENT FINANCIAL S	STATEMENT
		[ValuationOfVariationOrderNumber]
	Appendix to Valuation	of Variation Order No
[De	epartment] DEPARTME	ENT
[Division	DLI ILLIA	*I
	NT FINANCIAL STATEME	ENT
	ase only, not to be issued to C	FERNING IN NOTAN
Current approved contract sum (C)		[CurrentApprovedContractSum]
(Approval ref dated	(.)	
[ApprovalReference] [Articipated final value of billed items	oprovalDate]	[AnticipatedBilledItems]
Value of VOs issued		[IssuedVOValue]
Value of other sums certified to date ((e.g. claims)	[OtherCertifiedToDateValue]
CPF certified to date		[CPFCertifiedToDateValue]
	Sub-total (X)	[IssuedValueSubTotal]
Contingency available before issue of	this valuation (P) = (C - X)	[ContingencyAvailableBeforeValuation]
Value of this valuation (V)		[ValuationValue]
* Contingency available after issue of	this valuation (Q) = (P - V)	[ContingencyAvailableBeforeValuation]
V-955- 37		
Estimated value of other work not ye	et covered by	[OtherWorkNotYetCoveredEstimatedValue]
valuation of variation orders		[AnticipatedOutstandingClaims]
Anticipated value of outstanding claim	ns	[AnticipatedFurtherSumAgainstCPF]
Anticipated further sum against CPF Any other items (give details)[Other]	temsDetailsDescription]	[OtherItemsValue]
Any other items (give details)	Sub-total (Z)	[EstimatedValueSubTotal]
	Suo-total (Z)	[25thated values as Total]
# Anticipated further increase in contr	ract sum (I) = (Z - O)	[AnticipatedFurtherIncreaseInContractSum]
Anticipated Final Contract Sum (F) =		[AnticipatedFinalContractSum]
Note: The original contract sun	n was	[OriginalContractSum]
The original contingency		[OriginalContingency]
* if Q < 0, an increase in contract st # if Q > Z, I = 0	ım is required	

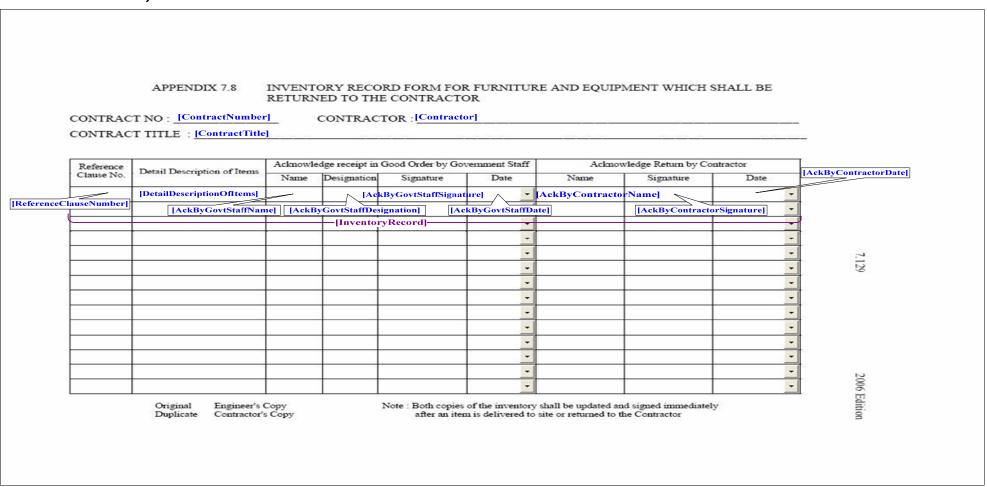
PDF e-form Object Name for data capture	Title/Description on PDF Form
VariationOrderNumber	Appendix to Valuation of Variation Order
	No
Department	Department
Division	
DivisionType	
CurrentApprovedContractSum	Current approved contract sum (C)
ApprovalReference	Approval ref.
ApprovalDate	dated
AnticipatedBilledItems	Anticipated final value of billed items
IssuedVOValue	Value of VOs issued
OtherCertifiedToDateValue	Value of other sums certified to date (e.g.
	claims)
CPFCertifiedToDateValue	CPF certified to date
IssuedValueSubTotal	Sub-total (X)
ContingencyAvailableBeforeValuation	Contingency available before issue of this
	valuation $(P) = (C - X)$
ValuationValue	Value of this valuation (V)
ContingencyAvailableAfterValuationValue	* Contingency available after issue of this
	valuation $(Q) = (P - V)$
OtherWorkNotYetCoveredEstimatedValue	Estimated value of other work not yet
	covered by valuation of variation orders
AnticipatedOutstandingClaims	Anticipated value of outstanding claims
AnticipatedFurtherSumAgainstCPF	Anticipated further sum against CPF
OtherItemsValue	Any other items (give details)
OtherItemsDetailsDescription	Any other items (give details)
EstimatedValueSubTotal	Sub-total (Z)
AnticipatedFurtherIncreaseInContractSum	# Anticipated further increase in contract
	sum (I) = (Z - Q)
AnticipatedFinalContractSum	Anticipated Final Contract Sum $(F) = (C +$
	I)
OriginalContractSum	The original contract sum was
OriginalContingency	The original contingency was

3.52 WDD - 14.0 - 1.0 (Contractor's General Submission Message)

Checked by: [CheckedBy] Checked by: [CheckedBy] Purpose of Submission: For Approval For Information PurposeOfSubmission Submission: Checked by: [CheckedBy] Purpose of Submission: Acknowledge Receipt with Date: From: [SubmissionFrom] Name: [SubmissionFromName] Title: [AcknowledgeReceiptDesignation]	Contract No.: Contractor:	[ContractorNumber] [Contractor]		
To: [SubmissionTo] Title of Submission: [TitleOfSubmission] Submission Ref. No.: [SubmissionReferenceNumber]	Contract Title:			
Title of Submission: [TitleOfSubmission] Submission Ref. No.: [SubmissionReferenceNumber] Sheet 1 of 1 Proposed Location of Works: [Description of Contents: [Description OfContents] Fill up the following items (if applicable)/Please refer to the attached submission: Specification Reference: [SpecificationReference] Drawing Reference: [DrawingReference] Details: Please refer to attachment (hardcopies + electronic copies) [NumberOffElectronicCopies] [NumberOffElectronic		Contractor's Ge	neral Sul	omission
Submission Ref. No.: [SubmissionReferenceNumber] Sheet 1 of 1 Proposed Location of Works: [Description of Contents: [Description OfContents] [Des				
Proposed Location of Works:				
[ProposedLocationOfWorks] [DescriptionOfContents] Fill up the following items (if applicable)/Please refer to the attached submission: Specification Reference: [SpecificationReference] Drawing Reference: [DrawingReference] Details: Please refer to attachment hardcopies + electronic copies) NumberOffEardcopies NumberOff				
Fill up the following items (if applicable)/Please refer to the attached submission: Specification Reference: [SpecificationReference] Drawing Reference: [DrawingReference] Details: Please refer to attachment (hardcopies + electronic copies) [NumberOffElectronicCopies] [NumberOffElectronicCopies] [NumberOffElectronicCopies] [NumberOffElectronicCopies] [DetailsDescription] Originator: [Originator] Checked by: [CheckedBy] Purpose of Submission: For Approval For Information PurposeOfSubmission] Submission: Acknowledge Receipt with Date: From: [SubmissionFrom] Name: [AcknowledgeReceiptName] Name: [SubmissionFromName] Title: [AcknowledgeReceiptDesignation] Signature: [SubmissionFromSignature] Signature: [AcknowledgeReceiptSignature] Date: [SubmissionFromDate] Date: [AcknowledgeReceiptDate] Remarks:				
Specification Reference: [SpecificationReference] Drawing Reference: [DrawingReference] Details: Please refer to attachment (hardcopies + electronic copies) [NumberOffElectronicCopies] [NumberOffElectronicCopies]	[ProposedLoca	tionOfWorks]	[Description	nOfContents]
Originator: [Originator] Checked by: [CheckedBy] Purpose of Submission: For Approval ⋈ For Information □ [PurposeOfSubmission] Submission: Acknowledge Receipt with Date: From: [SubmissionFrom] Name: [AcknowledgeReceiptName] Name: [SubmissionFromName] Title: [AcknowledgeReceiptDesignation] Signature: [SubmissionFromSignature] Signature: [AcknowledgeReceiptSignature] Date: [SubmissionFromDate] Date: [AcknowledgeReceiptDate] Remarks: Pate: [AcknowledgeReceiptDate]	Drawing Refer	ence: [DrawingReference Please refer to attachment (Numb See Below [IncludeDetails]	e] harde	opies + electronic copies) [NumberOfElectronicCopies] dicator]
Purpose of Submission: For Approval		[DetailsDescription]		
Submission: From: [SubmissionFrom] Name: [SubmissionFromName] Signature: [SubmissionFromSignature] Date: [SubmissionFromDate] Date: [SubmissionFromDate] Date: [SubmissionFromDate] Date: [SubmissionFromDate] Date: [AcknowledgeReceiptDesignature] Date: [AcknowledgeReceiptDate]	Originator:	[Originator]	Checked by	: [CheckedBy]
From: [SubmissionFrom] Name: [SubmissionFromName] Name: [SubmissionFromName] Signature: [SubmissionFromSignature] Date: [SubmissionFromDate] Date: [SubmissionFromDate] Date: [AcknowledgeReceiptDesignature] Date: [AcknowledgeReceiptSignature]	Purpose of Sub	omission: For Approval		
Name: [SubmissionFromName] Title: [AcknowledgeReceiptDesignation Signature: [SubmissionFromSignature] Signature: [AcknowledgeReceiptSignature Date: [SubmissionFromDate] Date: [AcknowledgeReceiptDate] Remarks:				
Signature: [SubmissionFromSignature] Signature: [AcknowledgeReceiptSignature] Date: [SubmissionFromDate] Date: [AcknowledgeReceiptDate] Remarks:				
Date: [SubmissionFromDate] Date: [AcknowledgeReceiptDate] Remarks:	Name:	[SubmissionFromName]	Title:	[AcknowledgeReceiptDesignation]
Remarks:	Signature:	[SubmissionFromSignature]	Signature:	[AcknowledgeReceiptSignature
		[SubmissionFromDate]	Date:	[AcknowledgeReceiptDate]
	remains.	[Remarks]		

PDF e-form Object Name for data capture	Title/Description on PDF Form
ContractorNumber	Contract No.
Contractor	Contractor
ContractTitle	Contract Title
SubmissionTo	То
TitleOfSubmission	Title of Submission
SubmissionReferenceNumber	Submission Ref. No.
ProposedLocationOfWorks	Proposed Location of Works
DescriptionOfContents	Description of Contents
SpecificationReference	Specification Reference
DrawingReference	Drawing Reference
ReferToAttachmentIndicator	Please refer to attachment
NumberOfHardcopies	Hardcopies
NumberOfElectronicCopies	Electronic copies
IncludeDetailsDescriptionIndicator	See Below
DetailsDescription	
Originator	Originator
CheckedBy	Checked By
PurposeOfSubmission	Purpose of Submission
SubmissionFrom	From
SubmissionFromName	Name
SubmissionFromSignature	Signature
SubmissionFromDate	Date
AcknowledgeReceiptPersonName	From
AcknowledgeReceiptPersonName	Name
AcknowledgeReceiptPersonSignature	Signature
AcknowledgeReceiptDate	Date

3.53 WDD - 14.1 - 1.0 (Inventory Record Form for Furniture and Equipment Which Shall be Returned to the Contractor)



PDF e-form Object Name for data capture	Title/Description on PDF Form
ContractNumber	Contract No.
Contractor	Contractor
ContractTitle	Contract Title
InventoryRecord\ReferenceClauseNumber	Reference Clause Number
InventoryRecord\DetailDescriptionOfItems	Detail Description Of Items
InventoryRecord\AckByGovtStaffName	Acknowledge receipt in Good Order By
	Government Staff Name
InventoryRecord\AckByGovtStaffDesignation	Acknowledge receipt in Good Order By
	Government Staff Designation
InventoryRecord\AckByGovtStaffSignature	Acknowledge receipt in Good Order By
	Government Signature
InventoryRecord\AckByGovtStaffDate	Acknowledge receipt in Good Order By
	Government Staff Date
InventoryRecord\AckByContractorName	Acknowledge Return By Contractor
	Name
InventoryRecord\AckByContractorSignature	Acknowledge Return By Contractor
	Signature
InventoryRecord\AckByContractorDate	Acknowledge Return By Contractor Date

3.54 WDD - 14.2 - 1.0 (Record Form For Bituminous Materials Delivered To Site)

APPENDIX 7.15 RECORD FORM FOR BITUMINOUS MATERIALS DELIVERED 7	COSTTE

muact No	[Contract	Number]	D	ate Deliver	redDate]	Weather	[Weather]	Temper	ature [Temperatu	ire]θC
	Source of	Delivery			Time	1	Te	emperature θC		
Location	Supply	Chit No.	Lorry No.	Left Quarry	Arrived Site	Departed Site	At Mixing Plant	On Arrival	When Placing	Remarks
Location]	1	1	[LorryNumber]	[TimeLeftQuarry]	[TimeArrivedSite]	[TimeDepartedSite]				[Remarks]
[So	urceOfSupply]	[DeliveryChit]	Number			[TemperatureAt	MixingPlan] [Temper	atureOnArrival]	TemperatureWhen	Placing
					[BituminousDeliv	veredRecord]				
									,	
			,				,			
									,	

PDF e-form Object Name for data capture	PDF Form Description
TypeOfBituminousMaterial	Type of Bituminous Material
QuarryOrderNumber	Quarry Order No
ContractNumber	Contract No.
DeliveredDate	Date
Weather	Weather
Temperature	Temperature
BituminousDeliveredRecord\Location	Location
BituminousDeliveredRecord\SourceOfSupply	Source of Supply
BituminousDeliveredRecord\DeliveryChitNumber	Delivery Chit No
BituminousDeliveredRecord\LorryNumber	Lorry No
BituminousDeliveredRecord\TimeLeftQuarry	Time Left Quarry
BituminousDeliveredRecord\TimeArrivedSite	Time Arrived Site
BituminousDeliveredRecord\TimeDepartedSite	Time Departed Site
BituminousDeliveredRecord\TemperatureAtMixing	Temperature At Mixing Plant
Plant	
BituminousDeliveredRecord\TemperatureOnArrival	Temperature On Arrival
BituminousDeliveredRecord\TemperatureWhenPlac	Temperature When Placing
ing	
BituminousDeliveredRecord\Remarks	Remarks
RecordedBy	Recorded By
Designation	Designation

3.55 WDD - 14.3 - 1.0 (Mandatory Provident Fund **Notification Form**)

7.174 2006 Edition

APPENDIX 7.41 MANDATORY PROVIDENT FUND NOTIFICATION FORM

To: Senior Manager, Industry Schemes Mandatory Provident Fund Schemes Authority (Fax No. 2259 8821)

Notification of Commencement of Contract

Contract No.:	[ContractNumber]	
Contract Title:	[ContractTitle]	
Contract Sum:	[ContractSum]	1
Date for the commencement of Contract:	[DateForTheCommencementOfContract]	1
Construction Period:	[ConstructionPeriodFrom] [ConstructionPeriodTo]	1
Location of Site:	[LocationOfSite]	1
Type of Works: *	[TypesOfWorks]	1
Name of Contractor:	[NameOfContractor]	
Company address of Contractor.	[CompanyAddressOfContractor]	
Telephone Number:	[TelephoneNumber]	
Facsimile Number:	[FacsimileNumber]	1
Name of contact person:	[NameOfContactPerson]	1
Estimated number of workers:	under direct employment [EstimatedNumberOfWorkersUnderDiremployed by sub-contractors[EstimatedNumberOfWorkersEmployed estimated total number [EstimatedNumberOfWorkerTotalNumberOfWorker	BySub-contractors]
Name of Nominated Sub-contractor(s) (if any):	[NameOfNominatedSub-contractor]	
Name of Domestic Sub-contractor(s) (if any):	[NameOfDomesticSub-contractor]	
Remarks:	[Remarks]	

Information provided by the Contractor to:

Name: [SubmittedToName] Post: [SubmittedToPost] [SubmittedToOfficeType] [SubmittedToOfficeName] Telephone No. $[\underline{SubmittedToTelephon}eNumber]$ [SubmittedToDate] •

- Types of work:

 - A Foundation works
 B Civil engineering works
 C Demolition and structural alternation works
 - D Refurbishment and maintenance works E General building construction works
- F Fire services, mechanical and electrical works
- G Gas, plumbing and drainage works H Interior fitting out works
- I Others

PDF e-form Object Name for data capture	PDF Form Description
ContractNumber	Contract No
ContractTitle	Contract Title
ContractSum	Contract Sum
DateForTheCommencementOfContract	Date for the commencement of Contract
ConstructionPeriodFrom	Construction Period From
ConstructionPeriodTo	Construction Period To
LocationOfSite	Location of Site
TypesOfWorks	Types of Works
NameOfContractor	Name of Contractor
CompanyAddressOfContractor	Company address of Contractor
TelephoneNumber	Telephone Number
FacsimileNumber	Facsimile Number
NameOfContactPerson	NameOfContactPerson
EstimatedNumberOfWorkersUnderDirectEmpl	Estimated number of workers under direct
oyment	employment
EstimatedNumberOfWorkersEmployedBySub-	Estimated number of workers employed by
contractors	Sub-contractors
EstimatedNumberOfWorkerTotalNumber	Estimated number of workers estimated
	total number
NameOfNominatedSub-contractor	Name of Nominated Sub-contractor
NameOfDomesticSub-contractor	Name of Domestic Sub-contractor
Remarks	Remarks
SubmittedToName	Name
SubmittedToPost	Post
SubmittedToOfficeType	
SubmittedToOfficeName	
SubmittedToTelephoneNumber	Telephone No.
SubmittedToDate	Date

3.56 WDD - 14.4 - 1.0 (Shotfirer's Charging Details)

Name of Contractor: [NameOfContractor] Site Code: [SiteCode] Name of Shotfirers: [ShotfirerInfoContent]	REGULATION 56(1) OF DANGEROUS GOODS (GENERAL) REGULATIONS, CAP 295			7.175		2006 Editio
Name of Contractor: NameOfContractor Site Code: SiteCode Name of Shotfirers: Shotfirers: Shotfirers: Shotfirers: Shotfirers MBC NO.:	Name of Contractor: NameOfContractor Site Code: SiteCode Name of Shotfirers: Shotfirers: Shotfirers: Shotfirers: Shotfirers MBC NO.:	APPEN	[REG	ULATION 56(1) O	F DANGEROUS G	OODS
Name of Shotfirers: [ShotfirerInfoContent]] NameOfShotfirer] MBC NO. [MBC NO.] MBC NO.] Time of Blasting: (1) [TimeOfBlasting] (2) (3) Type Qty Received Qty Consumed Qty Destroyed Explosives [BlastType] [BlastQtyReceived] [BlastQtyConsumed] [BlastQtyDestroyed Explosives Bulk Explosives Detonators Accessories [ScellastRecordDisplay] [Name) [CountersignedBySupervisorNumber] Signature Countersigned by Explosives Supervisor No.: [CountersignedBySupervisorSigna Signature] The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and the charge weight/delay period.	Name of Shotfirers: [ShotfirerInfoContent]] NameOfShotfirer] MBC NO. [MBC NO.] MBC NO.] Time of Blasting: (1) [TimeOfBlasting] (2) (3) Type Qty Received Qty Consumed Qty Destroyed Explosives [BlastType] [BlastQtyReceived] [BlastQtyConsumed] [BlastQtyDestroyed Explosives Bulk Explosives Detonators Accessories [ScellastRecordDisplay] [Name) [CountersignedBySupervisorNumber] Signature Countersigned by Explosives Supervisor No.: [CountersignedBySupervisorSigna Signature] The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and the charge weight/delay period.				Dat	e:[Date]
ShotfirerInfoContent MBC NO.; MBC NO.	ShotfirerInfoContent MBC NO.; MBC NO.	Name of Contra	actor: NameOfContr	actor]	Site Cod	e: [SiteCode]
3.	3.					
Time of Blasting: (1) [TimeOfBlasting] (2)	Time of Blasting: (1) [TimeOfBlasting] (2)					
Cartridged [BlastType] [BlastQtyReceived] [BlastQtyConsumed] [BlastQtyDestroyed Explosives Bulk Explos	Type Qty Received Qty Consumed Qty Destroyed Explosives [BlastQtyDestroyed Explosives Bulk Explosives Signature Signature Explosives Signature					65
Cartridged Explosives [BlastQtyReceived] [BlastQtyConsumed] [BlastQtyDestroyed Explosives Bulk Explosives [SCBlastRecordDisplay] Accessories [ShotfirerICName] [ShotfirerICSignature] Signature Signature Countersigned by Explosives Supervisor No.: [CountersignedBySupervisorNumber] Signature Countersigned by Explosives Supervisor No.: CountersignedBySupervisorSigna Signature The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and (7) the charge weight/delay period.	Cartridged Explosives [BlastQtyReceived] [BlastQtyConsumed] [BlastQtyDestroyed Explosives Bulk Explosives [SCBlastRecordDisplay] Accessories [ShotfirerICName] [ShotfirerICSignature] Signature Signature Countersigned by Explosives Supervisor No.: [CountersignedBySupervisorNumber] Signature Countersigned by Explosives Supervisor No.: CountersignedBySupervisorSigna Signature The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and (7) the charge weight/delay period.	Time of Blastin	g. (1) TimeOfBlas	tingj (2)	(3)	<u> </u>
Explosives Bulk Explosives Detonators Shotfirer i/c: ShotfirerICName (Name) CountersignedBySupervisorNumber Signature Countersigned by Explosives Supervisor No.: CountersignedBySupervisorSigna Signature The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast holes, including the burden and spacing; (3) the layout of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and (7) the charge weight/delay period.	Explosives Bulk Explosives Detonators Shotfirer i/c: ShotfirerICName (Name) CountersignedBySupervisorNumber Signature Countersigned by Explosives Supervisor No.: CountersignedBySupervisorSigna Signature The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast holes, including the burden and spacing; (3) the layout of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and (7) the charge weight/delay period.	8	Туре	Qty Received	Qty Consumed	Qty Destroyed
Bulk Explosives Detonators Shotfirer i/c: [ShotfirerICName] [SCBlastRecordDisplay] Shotfirer i/c: [ShotfirerICName] [ShotfirerICSignature] Signature Countersigned by Explosives Supervisor No.: [CountersignedBySupervisorNumber] Signature The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast(s); (3) the layout of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and (7) the charge weight/delay period.	Bulk Explosives Detonators Shotfirer i/c: [ShotfirerICName] [SCBlastRecordDisplay] Shotfirer i/c: [ShotfirerICName] [ShotfirerICSignature] Signature Countersigned by Explosives Supervisor No.: [CountersignedBySupervisorNumber] Signature The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast(s); (3) the layout of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and (7) the charge weight/delay period.		[BlastType]	[BlastQtyReceived]	[BlastQtyConsumed]	[BlastQtyDestroyed
Detonators Countersigned by Explosives Supervisor No.: Signature	Detonators Countersigned by Explosives Supervisor No.: Signature	Explosives				
Explosives Detonators Countersigned by Explosives Supervisor No.: CountersignedBySupervisorNumber CountersignedBySupervisorSigna Signature	Explosives Detonators Countersigned by Explosives Supervisor No.: CountersignedBySupervisorNumber CountersignedBySupervisorSigna Signature					e e
Accessories Shotfirer i/c: [ShotfirerICName] [SCBlastRecordDisplay] Name [CountersignedBySupervisorNumber] Signature Countersigned by Explosives Supervisor No.: [CountersignedBySupervisorSigna Signature] The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast(s); (3) the layout of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and (7) the charge weight/delay period.	Accessories Shotfirer i/c: [ShotfirerICName] [SCBlastRecordDisplay] Name [CountersignedBySupervisorNumber] Signature Countersigned by Explosives Supervisor No.: [CountersignedBySupervisorSigna Signature] The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast(s); (3) the layout of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and (7) the charge weight/delay period.	777 7 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
Accessories Shotfirer i/c: [ShotfirerICName] [SCBlastRecordDisplay] Name [CountersignedBySupervisorNumber] Signature Countersigned by Explosives Supervisor No.: [CountersignedBySupervisorSigna Signature] The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast(s); (3) the layout of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and (7) the charge weight/delay period.	Accessories Shotfirer i/c: [ShotfirerICName] [SCBlastRecordDisplay] Name [CountersignedBySupervisorNumber] Signature Countersigned by Explosives Supervisor No.: [CountersignedBySupervisorSigna Signature] The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast(s); (3) the layout of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and (7) the charge weight/delay period.	Detonators		1		
Shotfirer i/c: [ShotfirerICName] [Scountersigned BySupervisorNumber] Signature Countersigned by Explosives Supervisor No.: [CountersignedBySupervisorSigna Signature] The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and the charge weight/delay period.	Shotfirer i/c: [ShotfirerICName] [Scountersigned BySupervisorNumber] Signature Countersigned by Explosives Supervisor No.: [CountersignedBySupervisorSigna Signature] The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and the charge weight/delay period.	Detoliators		-		
Shotfirer i/c: [ShotfirerICName] [Scountersigned BySupervisorNumber] Signature Countersigned by Explosives Supervisor No.: [CountersignedBySupervisorSigna Signature] The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and the charge weight/delay period.	Shotfirer i/c: [ShotfirerICName] [Scountersigned BySupervisorNumber] Signature Countersigned by Explosives Supervisor No.: [CountersignedBySupervisorSigna Signature] The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and the charge weight/delay period.		7	+		
Shotfirer i/c: ShotfirerICName (Name) [CountersignedBySupervisorNumber] Signature Countersigned by Explosives Supervisor No.: [CountersignedBySupervisorSigna Signature] The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast (s); (3) the layout of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and the charge weight/delay period.	Shotfirer i/c: ShotfirerICName (Name) [CountersignedBySupervisorNumber] Signature Countersigned by Explosives Supervisor No.: [CountersignedBySupervisorSigna Signature] The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast (s); (3) the layout of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and the charge weight/delay period.	Accessories	7	1		
Shotfirer i/c: ShotfirerICName (Name) [CountersignedBySupervisorNumber] Signature Countersigned by Explosives Supervisor No.: [CountersignedBySupervisorSigna Signature] The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast (s); (3) the layout of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and the charge weight/delay period.	Shotfirer i/c: ShotfirerICName (Name) (Name) (Countersigned BySupervisorNumber) Signature Countersigned by Explosives Supervisor No.: (CountersignedBySupervisorSignature) The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast (s); (3) the layout of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and the charge weight/delay period.			1		
Shotfirer i/c: ShotfirerICName (Name) [CountersignedBySupervisorNumber] Signature Countersigned by Explosives Supervisor No.: [CountersignedBySupervisorSigna Signature] The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast (s); (3) the layout of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and the charge weight/delay period.	Shotfirer i/c: ShotfirerICName (Name) (Name) (Countersigned BySupervisorNumber) Signature Countersigned by Explosives Supervisor No.: (CountersignedBySupervisorSignature) The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast (s); (3) the layout of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and the charge weight/delay period.			1		
Shotfirer i/c: ShotfirerICName (Name) CountersignedBySupervisorNumber Signature Countersigned by Explosives Supervisor No.: CountersignedBySupervisorSigna Signature The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast (s); (3) the layout of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and (7) the charge weight/delay period.	Shotfirer i/c: ShotfirerICName (Name) CountersignedBySupervisorNumber Signature Countersigned by Explosives Supervisor No.: CountersignedBySupervisorSignature The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast (s); (3) the layout of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and the charge weight/delay period.	[BlastCode]—	J	[SCBlastRecordDis		
Countersigned by Explosives Supervisor No.: Countersigned By Supervisor Signature	Countersigned by Explosives Supervisor No.: CountersignedBySupervisorSignal Signature	Shotfirer i/c:			[ShotfirerIC	
The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast(s); (3) the layout of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and (7) the charge weight/delay period.	The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast(s); (3) the layout of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and (7) the charge weight/delay period.				-	
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The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast(s); (3) the layout of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and (7) the charge weight/delay period.	The following details of the above blast(s) are shown on the attached plans: (1) the site code and date; (2) the location of the blast(s); (3) the layout of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and (7) the charge weight/delay period.					
(2) the location of the blast(s); (3) the layout of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and (7) the charge weight/delay period.	(2) the location of the blast(s); (3) the layout of the blast holes, including the burden and spacing; (4) the diameter, depth, inclination and subgrade drilling of the blast holes; (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and (7) the charge weight/delay period.	The following of	details of the above			
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 (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and (7) the charge weight/delay period. 	 (5) the amount and type of explosives loaded into each hole; (6) the initiation system, including full details of the delay sequence; and (7) the charge weight/delay period. 					les;
(7) the charge weight/delay period.	(7) the charge weight/delay period.				ach hole ;	
These plans should be certified correct by the shot firer i/c .	These plans should be certified correct by the shot firer $i\slash\!c$.	(4) the diam (5) the amo				IG
		(4) the diam (5) the amount (6) the initial	ation system, includ	ing full details of the	e delay sequence; ar	
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		(4) the diam (5) the amo (6) the initia (7) the char	ation system, includ ge weight/delay per	ing full details of the iod.		

PDF e-form Object Name for data capture	PDF Form Description
Date	Date
NameOfContractor	Name of Contractor
SiteCode	Site Code
ShotfirerInfoContent\NameOfShotfirer	Name of Shotfirer
ShotfirerInfoContent\MBCNumber	MBC No.
TimeOfBlasting	Time of Blasting
SCBlastRecordDisplay\BlastCode	
SCBlastRecordDisplay\BlastType	Туре
SCBlastRecordDisplay\BlastQtyReceived	Qty Received
SCBlastRecordDisplay\BlastQtyConsumed	Qty Consumed
SCBlastRecordDisplay\BlastQtyDestroyed	Qty Destroyed
ShotfirerICName	Shotfirer i/c Name
ShotfirerICSignature	Shotfirer i/c Signature
CountersignedBySupervisorNumber	Countersigned by Explosives Supervisor No.
CountersignedBySupervisorSignature	Countersigned by Explosives Supervisor
	Signature

3.57WDD - 14.5 - 1.0 (Contractor's Design Submission Message)

Contractor:	: [ContractorNumber]		
Contract Titl	[Contractor] e: [ContractTitle]		
Contract 11th	Contractor's De	ecian Subn	niccion
To:	[SubmissionTo]	sign Subn	11331011
Title of Subn	nission: [TitleOfSubmission]		
Submission I	Ref. No.: [SubmissionReferenceNumber	r]Sheet 1 of 1	
Description of			
	[DescriptionOfCont	11025	
Details: [ReferTo.	Please refer to attachment (Number of See Below [IncludeDetails] [DetailsDescription]	(hardcop sberOfflandcopies) DescriptionIndia	[NumberOfFlectronicConies]
Fill up the fo	llowing items (if applicable):		
	[Designer] Checking Engineer: [Independer		
Independent Nature of Wo Applicable S Design Draw Design Calcu	Checking Engineer: [Independer orks (Permanent / Temporary): [tandard: [ApplicableStandard] rings Provided (Yes / No): [Deallation Provided (Yes / No): [Deallation Provided (Yes / No): [Deallation Provided (Yes / No)]	NatureOfWorks esignDrawingsF esignCalculation	s] Provided] nProvided]
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Independent Nature of Wo Applicable S Design Draw Design Calcu	Checking Engineer: [Independer orks (Permanent / Temporary): [tandard: [ApplicableStandard] rings Provided (Yes / No): [Deallation Provided (Yes / No): [Deallation]	NatureOfWorks esignDrawingsFesignCalculation Checked by: For Informati	Provided] nProvided] [CheckedBy] ion [PurposeOfSubmission]
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Independent Nature of Wo Applicable S Design Draw Design Calcu Originator: Purpose of S Submission:	Checking Engineer: [Independent orks (Permanent / Temporary): [tandard: [ApplicableStandard] orings Provided (Yes / No): [Desent of the content or the conte	NatureOfWorks esignDrawingsFesignCalculation Checked by: For Informati Acknowledge	Provided] nProvided] [CheckedBy] ion [PurposeOfSubmission] e Receipt with Date:
Independent Nature of Wo Applicable S Design Draw Design Calcu Originator: Purpose of S Submission: From:	Checking Engineer: [Independent of the Corks (Permanent / Temporary): [tandard: [ApplicableStandard] of the Corks (Yes / No): [Desent temporary): [Desent temporary] of the Corks (Yes / No): [Desent	NatureOfWorks esignDrawingsFesignCalculation Checked by: For Informati Acknowledge Name:	Provided] nProvided] [CheckedBy] ion [PurposeOfSubmission] e Receipt with Date: [AcknowledgeReceiptName]
Independent Nature of Wo Applicable S Design Draw Design Calcu Originator: Purpose of S Submission: From: Name:	Checking Engineer: [Independenter of the Community of the	NatureOfWorks esignDrawingsF esignCalculation Checked by: For Informati Acknowledge Name: Title:	Provided] nProvided] [CheckedBy] ion

PDF e-form Object Name for data capture	Title/Description on PDF Form
ContractorNumber	Contract No.
Contractor	Contractor
ContractTitle	Contract Title
SubmissionTo	То
TitleOfSubmission	Title of Submission
SubmissionReferenceNumber	Submission Ref. No.
DescriptionOfContents	Description of Contents
SpecificationReference	Specification Reference
DrawingReference	Drawing Reference
ReferToAttachmentIndicator	Please refer to attachment
NumberOfHardcopies	Hardcopies
NumberOfElectronicCopies	Electronic copies
IncludeDetailsDescriptionIndicator	See Below
DetailsDescription	
WorksDiscipline	Works Discipline
Designer	Designer
IndependentCheckingEngineer	Independent Checking Engineer
NatureOfWorks	Nature of Works (Permanent / Temporary)
ApplicableStandard	Applicable Standard
DesignDrawingProvided	Design Drawing Provided (Yes / No)
DesignCalculationProvided	Design Calculation Provided (Yes / No)
Originator	Originator
CheckedBy	Checked By
PurposeOfSubmission	Purpose of Submission
SubmissionFrom	From
SubmissionFromName	Name
SubmissionFromSignature	Signature
SubmissionFromDate	Date
AcknowledgeReceiptPersonName	From
AcknowledgeReceiptPersonName	Name
AcknowledgeReceiptPersonSignature	Signature
AcknowledgeReceiptDate	Date

3.58 WDD - 14.6 - 1.0 (Contractor's Material Submission Message)

Contract Titl	: [ContractorNumber]		
	[Contractor]		
Contract 11th	e: [ContractTitle]	4	
To:	Contractor's Ma	iteriai Sui	omission
	[SubmissionTo] mission: [TitleOfSubmission]		
	Ref. No.: [SubmissionReferenceNumber	Sheet 1 of 1	
Description of		apricet i oi i	
	[DescriptionOfCont	tents]	
Details:	Please refer to attachment ([ReferToAttachmentIndicator] See Below [IncludeDetaisDescriptionIndicator] [DetailsDescription]	(hardc NumberOfHardcopie	opies + electronic copies) [NumberOfElectronicCopies]
Fill up the fo	llowing items (if applicable)/Ple	ease refer to t	ne attached submission:
	Sample Submitted and Other Description of Use: [ProposedLocal	The state of the s	QuantitySubmittedAndOtherDes
	pecification Clause: [Applicab [Originator]		nClause]
Applicable S Originator: Purpose of S	[Originator]	Checked by	: [CheckedBy] ution
Applicable S Originator: Purpose of S Submission:	[Originator] ubmission: For Approval	Checked by For Information Acknowled	: [CheckedBy] ttion
Applicable S Originator: Purpose of S Submission: From:	[Originator] ubmission: For Approval [SubmissionFrom]	Checked by For Informa Acknowled Name:	: [CheckedBy] ttion
Applicable S Originator: Purpose of S Submission:	[Originator] ubmission: For Approval	Checked by For Information Acknowled	: [CheckedBy] ttion
Applicable S Originator: Purpose of S Submission: From:	[Originator] ubmission: For Approval [SubmissionFrom]	Checked by For Informa Acknowled Name:	: [CheckedBy] ttion
Applicable S Originator: Purpose of S Submission: From: Name:	[Originator] ubmission: For Approval 🗵 [SubmissionFrom] [SubmissionFromName]	Checked by For Informa Acknowled Name: Title:	: [CheckedBy] ttion [PurposeOfSubmission ge Receipt with Date: [AcknowledgeReceiptName] [AcknowledgeReceiptDesignat

PDF e-form Object Name for data capture	Title/Description on PDF Form
ContractorNumber	Contract No.
Contractor	Contractor
ContractTitle	Contract Title
SubmissionTo	То
TitleOfSubmission	Title of Submission
SubmissionReferenceNumber	Submission Ref. No.
DescriptionOfContents	Description of Contents
SpecificationReference	Specification Reference
DrawingReference	Drawing Reference
ReferToAttachmentIndicator	Please refer to attachment
NumberOfHardcopies	Hardcopies
NumberOfElectronicCopies	Electronic copies
IncludeDetailsDescriptionIndicator	See Below
DetailsDescription	
TypeOfProductOrServices	Type of Product or Services
NameOfProductOrServices	Name of Product or Services
NameOfOrigin	Name of Origin
SupplierName	Supplier's Name
QuantitySubmittedAndOtherDescription	Quantity Submitted and Other Description
ProposedLocationOfUse	Proposed Location of Use
ApplicableSpecificationClause	Applicable Specification Clause
Originator	Originator
CheckedBy	Checked By
PurposeOfSubmission	Purpose of Submission
SubmissionFrom	From
SubmissionFromName	Name
SubmissionFromSignature	Signature
SubmissionFromDate	Date
AcknowledgeReceiptPersonName	From
AcknowledgeReceiptPersonName	Name
AcknowledgeReceiptPersonSignature	Signature
AcknowledgeReceiptDate	Date

3.59WDD - 17.0 - 1.0 (Running Abstract)

			0	53	May 06 Edit	ion
			9.	23	May 00 Edi	1011
		APPENDI	IX 9.10 RU	JNNING ASTRAC	T	
Contra	ct No. [Contr	actNumber]		Item No	[ItemNumber]	_
Item D	escription	[ItemDescrip	otion]	Quantit	y [ItemQuantity]	_
				Unit	[UnitOfMeasure]	_
				Rate	[ItemRate]	
				Sheet N	[SheetNumber]	
Date	e Abstra	cted from	Quantity	Running Total	Location/Remarks	Interim Payment No.
[AbstractedDate]	[Abstra	ctedFrom]		[RunningTotal]	[LocationOrRemarks]	
[AbstractedDate]	*	[A	bstractedQuantit	eakdownRecord]	Inte	rimPaymentNumber]
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PDF e-form Object Name for data capture	PDF Form Description
ContractNumber	Contract No.
ItemNumber	Item No.
ItemDescription	Item Description
ItemQuantity	Quantity
UnitOfMeasure	Unit
ItemRate	Rate
SheetNumber	Sheet No.
CostBreakdownRecord\AbstractedDate	Date
CostBreakdownRecord\AbstractedFrom	Abstracted From
CostBreakdownRecord\AbstractedQuantity	Quantity
CostBreakdownRecord\RunningTotal	Running Total
CostBreakdownRecord\LocationOrRemarks	Location Remarks
CostBreakdownRecord\InterimPaymentNumber	Interim Payment No.

3.60 WDD - 18.0 - 1.0 (Contract Rate Statistics Message)

	Contract	Rate Statistics
Record 1		an and the
Code ID	: [CodeID]	BoQ Item ID : [ItemID]
Description	: [WorksDescription]	
Quantity	: [ItemQuantity]	
1st Tender Rate	: [FirstTenderRate]	2nd Tender Rate : [SecondTenderRate]
3rd Tender Rate	: [ThirdTenderRate]	Current Award Rate : [CurrentAwardRate]
Remarks	: [Remarks]	[ContractRateRecordCo
	n : [PercentageOfContractSum]	
Report Year	: [ReportYear]	Report Month : [ReportMonth]
Tender Time	: [TenderTime]	Ref. No. : [ReferenceNumber]
Particular	: [Particular]	
Rank	: [Rank]	
District	: [District]	New SCC : ☐ Yes ☐ No [NewSCC]
Record 2		
Code ID	:	BoQ Item ID :
Description	1	
Quantity	;	
1st Tender Rate	:	2nd Tender Rate :
3rd Tender Rate	:	Current Award Rate:
Remarks	:	[ContractRateRecordCo
% of Contract Sun	n:	•
Report Year	*	Report Month :
Tender Time		Ref. No. :
Particular	§	
Rank	:	
District	*	New SCC : ☐ Yes ☐ No
Record 3		
Code ID	:	BoQ Item ID :
Description	-	
Quantity	:	
1st Tender Rate	:	2nd Tender Rate :
3rd Tender Rate	1	Current Award Rate :
Remarks		
% of Contract Sun	n :	[ContractRateRecordCo
Report Year	enon.	Report Month :
Tender Time	Î	Ref. No.
Particular		
Rank	T I	
District	£	New SCC : ☐ Yes ☐ No

PDF e-form Object Name for data capture	Title/Description on PDF Form
ContractRateRecordContent\CodeID	Code ID
ContractRateRecordContent\ItemID	BoQ Item ID
ContractRateRecordContent\WorksDescripti	Description
on	
ContractRateRecordContent\ItemQuantity	Quantity
ContractRateRecordContent\FirstTenderRate	1 st Tender Rate
ContractRateRecordContent\SecondTenderR	2 nd Tender Rate
ate	
ContractRateRecordContent\ThirdTenderRat	3 rd Tender Rate
e	
ContractRateRecordContent\CurrentAwardR	Current Award Rate
ate	
ContractRateRecordContent\Remarks	Remarks
ContractRateRecordContent\PercentageOfCo	% of Contract Sum
ntractSum	
ContractRateRecordContent\ReportYear	Report Year
ContractRateRecordContent\ReportMonth	Report Month
ContractRateRecordContent\TenderTime	Tender Time
ContractRateRecordContent\ReferenceNumb	Ref. No.
er	
ContractRateRecordContent\Particular	Particular
ContractRateRecordContent\Rank	Rank
ContractRateRecordContent\District	District
ContractRateRecordContent\NewSCC	New SCC

3.61 WDD – 18.1 – 1.0 (Contract Rate Information)

ontract No.: [ContractNumber] ontract Sum (HK\$): [ContractSum] ontract Closing Date (mm/yyyy): [TenderClosingDate] ontract Title: [ContractTitle] over SCC: [NewSCC] [District: [District] ontract Particular: [ContractParticular] ode Item No. Description Quantity Unit Rate (HK\$) ode] [ItemNumber [Description] [Quantity] [Unit] [Rate] [Remark]			Contract	Rate Ir	formatio	n	
ender Closing Date (mm/yyyy): [TenderClosingDate] contract Title: [ContractTitle] ew SCC: [NewSCC] District: [District] efference No.: [ReferenceNumber] contract Particular: [ContractParticular] ode Item No. Description Quantity Unit Rate (HKS) ode] [ItemNumber] [Description] [Quantity] [Unit] [Rate] [Remark]	Contra	ct No.:		[ContractN	umber]		
contract Title: [ContractTitle] ew SCC: [NewSCC] District: [District] eference No.: [ReferenceNumber] contract Particular: [ContractParticular] ode Item No. Description Quantity Unit Rate (HKS) ode] [ItemNumber] [Description] [Quantity] [Unit] [Rate] [Remark]							
ew SCC: [NewSCC] District: [District] eference No.: [ReferenceNumber] ontract Particular: [ContractParticular] ode Item No. Description Quantity Unit Rate (HKS) ode] [ItemNumber] [Description] [Quantity] [Unit] [Rate] [Remark]							
eference No.: [ReferenceNumber] ontract Particular: [ContractParticular] ode Item No. Description Quantity Unit Rate (HK\$) ode] [ItemNumber] [Description] [Quantity] [Unit] [Rate] [Remark]						[District]	
ontract Particular: [ContractParticular] ode Item No. Description Quantity Unit Rate (HK\$) ode] [ItemNumber] [Description] [Quantity] [Unit] [Rate] [Remark]		100000000000000000000000000000000000000	10 10 10 10 10 10 10 10 10 10 10 10 10 1			[District]	
ode] [ItemNumber] [Description] [Quantity] [Unit] [Rate] [Remark]		Or elected Histories			Numberj		
	Code	Item No.	Description	Quantity	Unit		Remark
[ContractRateRecordContent]	[Code]	[ItemNumber]	The Control of the Co			[Rate]	[Remark]
			[Contra	ctRateReco	rdContent]-		

PDF e-form Object Name for data capture	Title/Description on PDF Form
ContractNumber	Contract No.
ContractSum	Contract Sum (HK\$)
TenderClosingDate	Tender Closing Date (mm/yyyy)
ContractTitle	Contract Title
NewSCC	New SCC
District	District
ReferenceNumber	ReferenceNo.
ContractParticular	Contract Particular
ContractRateRecordContent\Code	Code
ContractRateRecordContent\ItemNumber	Item No.
ContractRateRecordContent\Description	Description
ContractRateRecordContent\Quantity	Quantity
ContractRateRecordContent\Unit	Unit
ContractRateRecordContent\Rate	Rate (HK\$)
ContractRateRecordContent\Remark	Remark

3.62 WDD - 19.0 - 1.0 (Reinforced Bar Schedule)

OFFICE / DIVI	SION	lOt	ficeOrDivis	ion]		[Departme	nt]	DEP	ARTM	ENT			[BarSche	duleNumber]	[VersionNuml	ber]
CONTRACT	Ю.	[Con	tractNumb	er]							BAR S	SCHEDU	LE	A	MD V	
TITLE	1	[Title			5								8 [[DrawingN	umber]	
2				21							DRAV	VING NO				
Location and member	Bar mark	Type and Size	No. of members		Total No.	Shape code	A* mm ensionA]	B [*]	C [*] mm ensionC	D [*] mm	mm e	ength of ach bar mm	Total length M# otalLength	Mass/metr e kg [%]	Total mass kg [%]	
	[BarMark]	[Type] •	Numberon	Barsineacij	1	[ShapeCode]	ension A ₁	/	ensione	Dille	SIGHER	_ "	otalLength	[MassPerMetre]	[TotalMass]	
ocationAndMember]	1	Number	OfMembers	TotalNum	berOfBars]		[Dim	ensionB]	Dime	ensionD	[LengthO	fEachBar]	*			192
							[Sh	apeDetai	ls]							7.134
		-				[BarBendingS	ScheduleF	Record]		x x						-
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6.5	d to near	est 5 mm		reByPersonNa	ame] by	y on p	erpareDate	b)	-	on [C	hecked By Titl	[Checked B				2000 Edition
# specifie	d to near	est 10 mr	ท				<u> </u>	Check	edByNam	a			[Amo	endments]		0.0
# specifie	d to near	est 10 mr decimal p	n laces	[PrepareBy]	31.3	This Calculate			edByNam		quidanas	Danke The		r shall be respo	anailala far	

PDF e-form Object Name for data capture	PDF Form Description
Department	Department
OffiveOrDivision	Offive / Division
ContractNumber	Contract No.
BarScheduleNumber	Bar Schedule Number
VersionNumber	AMD
Title	Title
DrawingNumber	Drawing No.
LocationAndMember	location and member
BarMark	Bar mark
Туре	Type and Size
Size	
NumberOfMembers	No. of members
NumberOfBarsInEach	No. in each
TotalNumbersOfBars	Total No.
ShapeDetails\ShapeCode	Shape code
ShapeDetails\DimensionA	A^* mm
ShapeDetails\DimensionB	B* mm
ShapeDetails\DimensionC	C* mm
ShapeDetails\DimensionD	D* mm
ShapeDetails\DimensionER	E/R* mm
LengthOfEachBar	Length of each bar mm
TotalLength	Total length M [#]
MassPerMeter	Mass/metre kg [%]
TotalMass	Total mass kg [%]
PrepareByPersonName	Prepared by
PrepareByTitle	Designation
PrepareDate	Date
CheckedByName	Checked by
CheckedByTitle	Designation
CheckedByDate	Date
Amendments	Amendments

3.63 WDD - 22.0 - 1.0 (Rain Gauge Message)

Table Name: [TableName	e]		
Dated from: [DateFrom]			
To: [DateTo]			
Time Interval: [TimeInterv	al]		
Missing Data Note: [Missi	ngDateNote]		
Identifier: [RainGauge	Eldentifier]		
G(, T	- [RainGaugeDataRecordContent]	1110	
Start Time	End Time	H12	
[DateTimeRangeFrom]	- [DateTimeRangeTo]	[RainLevel]	
	21		
	(7): -		
	-		
	-		
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PDF e-form Object Name for data capture	Title/Description on PDF Form
TableName	Table Name
DateFrom	Dated from
DateTo	То
TimeInterval	Time Interval
MissingDateNote	Missing Data Note
RainGaugeIdentifier	Identifier
RainGaugeDataRecordContent\DateTimeRan geFrom	Start Time
RainGaugeDataRecordContent\DateTimeRan geTo	End Time
RainGaugeDataRecordContent\RainLevel	H12

3.64 WDD - 23.0 - 1.0 (Statistic of Claim)

Form 2a - Statistics of Claims

Contract Start Date

Date of Report

RESTRICTED Statistics of Claims "Resolved and Unresolved" (Contract Level) Contract No. [ContractNumber] Contract Title [ContractorTitle] Contractor [Contractor] Consultant/ Works Age [Consultant/Works Agents]

[OriginalContractSum]

[RevisedContractSum]

Revised Completion Date of Each Section of the Contract

Section Original Completion Date Revised Completion Date

[Section] OriginalCompletionDate | [RevisedCompletionDate] |

[RevisedCompletionDate | [RevisedCompletionDate] |

[RevisedCompletionDate] |

[RevisedCompletionDate] |

[RevisedCompletionDate] |

[RevisedCompletionDate] |

[RevisedCompletionDate] |

[RevisedCompletionDate] |

[RevisedCompletionDate] |

[RevisedCompletionDate] |

[RevisedCompletionDate] |

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[RevisedCompletionDate] |

[RevisedCompletionDate] |

[RevisedCompletionDate] |

[RevisedCompletionDate] |

[RevisedCompletionDate] |

[RevisedCompletionDate] |

[RevisedCompletionDate] |

[RevisedCompletionDate] |

[RevisedCompletionDate] |

[DateOfReport]

[ContractStartDate] •

A	В	С	D	E	F	G	Н	I	J	K	L	L
Claim No.	Brief Description of Claims	Notice (d/m/y)	Cost	Time Only	Cost and	Claimed EOT (days)	Eng. Est. EOT (days)	EOT Awarded (days)	Amount Claimed SM	Eng Estimated Liability SM	Final/ Interim Award \$M	Claim Status (Resolved/ Unresolved)
· /	[BriefDescription]	[NoticeDate]	0	0	0	/	[EngEstEOT]	1		[EngEstLiability]	1	[ClaimStatus]
ClaimNuml	per]		0	0	[AckByGo	vtStaffDate]	[EO	TAwarded]	[AmountCl:	aimed] [FinalInt	erimAward]	\times
50		-	0	-[ClaimType	0				30	× .	93	$\overline{\times}$
			0	0	CICI	ı aimDetails]						X
		-	0	0	0	'						\times
	7		0		0		1			7		\times
8	7	-	0	0	0		- Y		8	-		\times
8	7		0		0				8		-	X
50		-	0		0				50			X
90		-	0	0	0	: :			9.0			\times
561		-	0	0	0				160		- 2	X
NY.			0	0	0	-			C.	1		\times

Brief description of Claim: include the fundamental factual reason for the claim

Remarks:

Explanation for the changes:

1 Form A and B are recommended to be merged to speed up the process of form filling as most information required by the two forms is the same.

Original Contract Sum

Revised Contract Sum

2 To merge the two, column K 'Amount Awarded SM' should be deleted. Two column should be added, naming 'Eng. Estimated

If the claim is recoived, the amount entered in column L shall automatically be taken as the final award. If the claim is unresolved, the amount shall be taken as interim award.

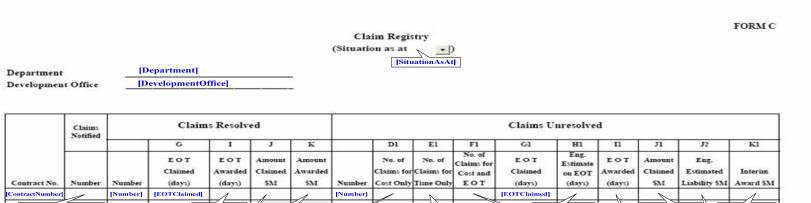
- 3 'Contract Completion Date' and 'Contract Sum' are revised as 'Original Completion Date' and 'Original Contract Sum' respectively.
- 4 A new table 'Revised Completion Date of Each Section of the Contract' is added. The number of sections will be 40 within a contract.

the number of the days in the claim corresponding to a particular section

PDF e-form Object Name for data capture	PDF Form Description
ContractNumber	Contract No.
ContractTitle	Contract Title
Contractor	Contractor
ConsulatantWorksAgents	Consultant/ Works Age
ContractorStartDate	Contract Start Date
OriginalContractSum	Original Contract Sum
DateOfReport	Date of Report
RevisedContractSum	Revised Contract Sum
	Date of Injury
RevisedCompletionDateOfEachSectionDetails\S	Revised Completion Date of Each Section
ection	of the Contract Section
RevisedCompletionDateOfEachSectionDetails\O	Revised Completion Date of Each Section
riginalCompletionDate	of the Contract Original Completion Date
RevisedCompletionDateOfEachSectionDetails\R	Revised Completion Date of Each Section
evisedCompletionDate	of the Contract Revised Completion Date
ClaimsDetails\ClaimNumber	Claim Number
ClaimsDetails\BriefDescription	Brief Description of Claims
ClaimsDetails\NoticeDate	Notice (d/m/y)
ClaimsDetails\ClaimType	Cost Only
	Time Only
	Cost and Time
ClaimsDetails\ClaimedEOT	Claimed EOT (days)
ClaimsDetails\EngEstEOT	Eng. Est. EOT (days)
ClaimsDetails\EOTAwarded	EOT Awarded (days)
ClaimsDetails\AmountClaimed	Amount Claimed \$M
ClaimsDetails\EngEstLiability	Eng Estimated Liability \$M
ClaimsDetails\FinalInterimAward	Final/Interim Award \$M
ClaimsDetails\ClaimStatus	Claim Status (Resolved/Unresolved)

3.65 WDD - 23.1 - 1.0 (Claim Registry)

Form 2b - Claim Registry



[AmountClaimed] [NumberOfClaimsForCostOnly] [NumberOfClaimsForCostAndEOT] [ClaimsNotifiedRecordContent] -[ClaimsResolvedRecordContent]-[ClaimsUnresolvedRecordContent]-[ClaimRecordContent]_ [TotalEngEstLiability] [TotalAmountClaimed] [TotalEOTAwarded] [TotalEngEstLiability] TotalEOTAwarded] [TotalAmountClaimed] [TotalEOTClaimed] [TotalInterimAward] Total Total

-[ClaimsUnresolvedTotalRecordContent]-

Note: Details on contract title and name of contractor to be separately listed in Form D.

PDF e-form Object Name for data capture	PDF Form Description
SituationAsAt	(Situation As At)
Department	Department
DevelopmentOffice	Development Office
ClaimsRecordContent\ContractNumber	Contract Number
ClaimsRecordContent\ClaimsNotifiedRecordContent\ClaimsNotifiedNu	Claimed Notified Number
mber	
ClaimsRecordContent\ClaimsRecordContent\ClaimsResolvedRecordCont	Claimed Resolved Number
ent\Number	
ClaimsRecordContent\ClaimsRecordContent\ClaimsResolvedRecordCont	Claimed Resolved EOT
ent\EOTClaimed	Claimed (days)
ClaimsRecordContent\ClaimsRecordContent\ClaimsResolvedRecordCont	Claimed Resolved EOT
ent\EOTAwarded	Awarded (days)
ClaimsRecordContent\ClaimsRecordContent\ClaimsResolvedRecordCont	Claimed Resolved Amount
ent\AmountClaimed	Claimed \$M
ClaimsRecordContent\ClaimsRecordContent\ClaimsResolvedRecordCont	Claimed Resolved Amount
ent\AmountAwarded	Awarded \$M
ClaimsRecordContent\ClaimsUnresolvedRecordContent\Number	Claimed Unresolved Number
ClaimsRecordContent\ClaimsUnresolvedRecordContent\NumberOfClaim	Claimed Unresolved No. of
sForCostOnly	Claims for Cost Only
ClaimsRecordContent\ClaimsUnresolvedRecordContent\NumberOfClaim	Claimed Unresolved No. of
sForTimeOnly	Claims for Time Only
ClaimsRecordContent\ClaimsUnresolvedRecordContent\NumberOfClaim	Claimed Unresolved No. of
sForCostAndEOT	Claims for Cost and EOT
ClaimsRecordContent\ClaimsUnresolvedRecordContent\EOTClaimed	Claimed Unresolved EOT
	Claimed (days)
ClaimsRecordContent\ClaimsUnresolvedRecordContent\EngEstOnEOT	Claimed Unresolved Eng.
	Estimate on EOT (days)
$Claims Record Content \backslash Claims Unresolved Record Content \backslash EOTA warded$	Claimed Unresolved EOT
	Awarded (days)
$Claims Record Content \backslash Claims Unresolved Record Content \backslash Amount Claimed$	Claimed Unresolved Amount
	Claimed \$M
$Claims Record Content \backslash Claims Unresolved Record Content \backslash Eng Est Liability$	Claimed Unresolved Eng.
	Estimated Liability \$M
$Claims Record Content \backslash Claims Unresolved Record Content \backslash Interim A warded$	Claimed Unresolved Interim
	Award \$M
$Claims Resolved Total Record Content \backslash Total EOT Claimed$	Claimed Resolved EOT
	Claimed (days) Total
$Claims Resolved Total Record Content \verb \ Total EOTA warded$	Claimed Resolved EOT
	Awarded (days) Total
$Claims Resolved Total Record Content \backslash Total Amount Claimed$	Claimed Resolved Amount
	Claimed \$M Total
$Claims Resolved Total Record Content \backslash Total Amount Awarded$	Claimed Resolved Amount
	Awarded \$M Total
$Claims Unresolved Total Record Content \backslash Total EOT Claimed$	Claimed Unresolved EOT
	Claimed (days) Total
$Claims Unresolved Total Record Content \ \ Total Eng Est On EOT$	Claimed Unresolved Eng.
	Estimate on EOT (days) Total
$Claims Unresolved Total Record Content \backslash Total EOTA warded$	Claimed Unresolved EOT
	Awarded (days) Total

Works Project Information Standard
The Release Notes V1.10.00 (Library of the PDF e-Form schema, templates and conversion data files)

PDF e-form Object Name for data capture	PDF Form Description
ClaimsUnresolvedTotalRecordContent\TotalAmountClaimed	Claimed Unresolved Amount
	Claimed \$M Total
ClaimsUnresolvedTotalRecordContent\TotalEngEstLiability	Claimed Unresolved Eng.
	Estimated Liability \$M Total
ClaimsUnresolvedTotalRecordContent\TotalInterimAwarded	Claimed Unresolved Interim
	Award \$M Total

3.66 WDD - 23.2 - 1.0 (Contract Information of Claim)

Form 2c - Contractor Information of Claim

FORM D

Development Of	fice [DevelopmentO:	ffice]
Claim Registry	(Situation as at	• [ClaimRegistry]
	SituationAsAt	<u> </u>

	Contract No.	Contract Title	Consultant	Name of Contractor	Works Substantially Completed (Date)	Works on-going
	1	[ContractTitle]	[Consultant]	[NameOfContractor]	1	[WorksOngoing]
	ntract Number]		[ContractorClaimD		CompletedDate	1
İ						
t					-	5
t					-	
t		2	1			-
					-	6

Contract Information

PDF e-form Object Name for data	PDF Form Description
capture	
DevelopmentOffice	Development Office
SituationAsAt	(Situation As At)
ClaimRegistry	Claim Registry
ContractorClaimDetails\ContractNumber	Contract Number
ContractorClaimDetails\ContractTitle	Contract Title
ContractorClaimDetails\Consultant	Consultant
ContractorClaimDetails\NameOfContrac	Name Of Contractor
tor	
ContractorClaimDetails\WorkCompleted	Work Substantially Completed (Date)
Date	
ContractorClaimDetails\WorksOngoing	Works on-going