



**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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Amendment History				
Change Number	Revision Description	Pages Affected	Revision 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

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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](http://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 template	PDF e-form Schema	Conversion (PDF to WDD)	Conversion (WDD to 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
WDD-4.0-1.0.pdf	EFORM-4.0-1.0.xsd	WDD-4.0-1.0_PDF_WDD.cnv	WDD-4.0-1.0_WDD_PDF.cnv
WDD-4.1-1.0.pdf	EFORM-4.1-1.0.xsd	WDD-4.1-1.0_PDF_WDD.cnv	WDD-4.1-1.0_WDD_PDF.cnv
WDD-4.2-1.0.pdf	EFORM-4.2-1.0.xsd	WDD-4.2-1.0_PDF_WDD.cnv	WDD-4.2-1.0_WDD_PDF.cnv
WDD-4.3-1.0.pdf	EFORM-4.3-1.0.xsd	WDD-4.3-1.0_PDF_WDD.cnv	WDD-4.3-1.0_WDD_PDF.cnv
WDD-4.4-1.0.pdf	EFORM-4.4-1.0.xsd	WDD-4.4-1.0_PDF_WDD.cnv	WDD-4.4-1.0_WDD_PDF.cnv
WDD-4.5-1.0.pdf	EFORM-4.5-1.0.xsd	WDD-4.5-1.0_PDF_WDD.cnv	WDD-4.5-1.0_WDD_PDF.cnv
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WDD-5.0-1.0.pdf	EFORM-5.0-1.0.xsd	WDD-5.0-1.0_PDF_WDD.cnv	WDD-5.0-1.0_WDD_PDF.cnv
WDD-6.0-1.0.pdf	EFORM-6.0-1.0.xsd	WDD-6.0-1.0_PDF_WDD.cnv	WDD-6.0-1.0_WDD_PDF.cnv
WDD-6.1-1.0.pdf	EFORM-6.1-1.0.xsd	WDD-6.1-1.0_PDF_WDD.cnv	WDD-6.1-1.0_WDD_PDF.cnv
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WDD-6.5-1.0.pdf	EFORM-6.5-1.0.xsd	WDD-6.5-1.0_PDF_WDD.cnv	WDD-6.5-1.0_WDD_PDF.cnv
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WDD-7.0-1.0.pdf	EFORM-7.0-1.0.xsd	WDD-7.0-1.0_PDF_WDD.cnv	WDD-7.0-1.0_WDD_PDF.cnv

Works Project Information Standard

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

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WDD-23.2-1.0.pdf	EFORM-23.2-1.0.xsd	WDD-23.2-1.0_PDF_WDD.cnv	WDD-23.2-1.0_WDD_PDF.cnv

### **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)
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34. WDD-12.5-1.0 (Form 2404 – Request for Miscellaneous Steel Sample Testing Message)
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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)

Project Contract Profile Details					
<b>Part A Project Information</b>					
Contract No.	: [ProjectContractNumber]	Contract Title	: [ProjectContractTitle]		
Purpose	: [Objective]				
Works Location	: [WorksLocation]				
Works Type	: [Type]	Building Type	: [BuildingType]		
Scope of Works	: [Scope]				
Progress	: [Progress]				
Cost	: [Cost]				
Name of Consultant(s):					
[Consultant]					
Name of Contractor(s):					
[Contractor]					
Award Date	: [AwardDate]	Commencement Date	: [CommencementDate]		
Anticipated Date	: [AnticipatedCompletionDate]	Actual Completion Date	: [ActualCompletionDate]		
Duration :					
Section	Duration(days)	Section	Duration(days)	Section	Duration(days)
[ProjectContractSection]	[Duration]				
Website	: [Website]				
Remarks	: [Remark]				
<b>Part B Contact Information</b>					
Name	: [ContactPersonName]				
Organization	: [ContactPersonOrganization]				
Address	: [ContactPersonAddress]				
Telephone	: [ContactPersonTelephoneNumber]				
<b>Part C Others</b>					
Client Organization	: [ClientOrganization]				
Client Office	: [ClientOffice]				
Division	: [ClientDivision]				
Resident Engineer	: [ResidentEngineer]				



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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
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-AV-P02 (Ver. July 2001)

#### Summary of Details of Contract

(To be submitted within 30 days after award of contract)

##### Part A (Data that can be obtained from Construction Management Information System)

1. Contract No. and Brief Contract Title: \_\_\_\_\_
2. Department / Office / Division: \_\_\_\_\_
3. Name of Contractor: \_\_\_\_\_
4. Contract Sum: (HK\$) \_\_\_\_\_

##### Part B (Additional information to be input into the PCAS system)

5. (a) Contract Commencement Date\* : \_\_\_\_\_
- (b) Anticipated Contract Completion Date\* : \_\_\_\_\_

6. Officers in Charge:
 

	<u>Project Officer</u>	<u>Consultants RSS</u>
(a) Name (in Block Letters):	_____	_____
(b) Post Title:	_____	_____
(c) Contact Telephone No.:	_____	_____
(d) Fax No. :	_____	_____

##### 7. Nature of Works: (Can tick more than one box)

- |  |   |  |
|--|---|--|
| <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block;"></div> | <div style="font-size: 3em; vertical-align: middle; margin-right: 10px;">{</div> <div style="display: inline-block; vertical-align: middle;">           Building <input type="checkbox"/><br/>           Roads and Drainage <input type="checkbox"/><br/>           Water Works <input type="checkbox"/><br/>           Geotechnical Works <input type="checkbox"/><br/>           Port Works <input type="checkbox"/> </div> | <div style="display: inline-block; vertical-align: middle;">           Site Formation <input type="checkbox"/><br/>           Landscape <input type="checkbox"/><br/>           Ground Investigation <input type="checkbox"/><br/>           Electrical &amp; Mechanical Works <input type="checkbox"/> </div> |
|--|---|--|

##### 8. Type of Contract: (Can have more than one selection)

- |  |   |
|--|---|
| <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block;"></div> | <div style="font-size: 3em; vertical-align: middle; margin-right: 10px;">{</div> <div style="display: inline-block; vertical-align: middle;">           Civil <input type="checkbox"/> / Building <input type="checkbox"/> / Team <input type="checkbox"/> / Specialist <input type="checkbox"/> / Maintenance <input type="checkbox"/> / Design &amp; Build <input type="checkbox"/><br/>           with Safety Plan included <span style="float: right;"><input type="radio"/> Yes / <input type="radio"/> No</span><br/>           under Pay for Safety Scheme (PFSS) <span style="float: right;"><input type="radio"/> Yes / <input type="radio"/> No</span><br/>           under Independent Safety Audit Scheme (ISAS) <span style="float: right;"><input type="radio"/> Yes / <input type="radio"/> No</span> </div> |
|--|---|

\* in format dd/mm/yyyy

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

PDF e-form Object Name for data capture	Title/Description on PDF Form
<b>Part A</b>	
ProjectContractNumber	Contract No
ProjectContractTitle	Brief Contract Title
ClientOrganization	Department
ClientOffice	Office
ClientDivision	Division
Contractor	Name of Contractor
ProjectContractSum	Contract Sum
<b>Part B</b>	
CommencementDate	(a) Contract Commencement Date
AnticipatedCompletionDate	(b) Anticipated Contract Completion Date
<b>(Project Officer)</b>	
ProjectOfficer.Name	(a) Name (in Block Letters)
ProjectOfficer.Title	(b) Post Title
ProjectOfficer.TelephoneNumber	(c) Contact Telephone No.
ProjectOfficer.FaxNumber	(d) Fax No.
<b>(Consultants RSS)</b>	
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 WorksNatureGroundInvestigation WorksNatureLandscape WorksNatureSiteFormation WorksNaturePortWorks WorksNatureGeotechnicalWorks WorksNatureWaterWorks WorksNatureRoadsAndDrainage WorksNatureBuilding	7. Nature of Works
ProjectContractTypeContractCivil ProjectContractTypeContractBuilding ProjectContractTypeContractTeam ProjectContractTypeContractSpecialist ProjectContractTypeContractSMaintenance ProjectContractTypeBuildAndDesign	8. Type of Contract
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)

#### Document Profile

##### **Part A Document Information**

Contract No. : [ProjectContractNumber] Subject : [SubjectCaption]  
Date : [DocumentDate] Sender Signature : [DigitalSignature]

##### **Part B Sender Information**

Name : [SenderName] Title : [SenderTitle]  
Sender Ref. : [SenderReference]  
Organization : [SenderOrganization]  
Tel. No. : [SenderTelephoneNumber] Fax. No. : [SenderFaxNumber]  
Email Address : [SenderEmailAddress] Website : [SenderWebsite]

##### **Part C Recipient Information**

Recipient Ref. :

Recipient(s):

Name	Organization	Fax No.	Email Address
[Name]	[Organization]	[FaxNumber]	[EmailAddress]
[Recipient]			

Cc:

Name	Organization	Fax No.	Email Address
[Name]	[Organization]	[FaxNumber]	[EmailAddress]
[CcRecipient]			

Bcc:

Name	Organization	Fax No.	Email Address
[Name]	[Organization]	[FaxNumber]	[EmailAddress]
[BccRecipient]			

##### **Part D Message**

Body Filename : [MessageBody]




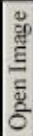

Attachment Filename(s):

[AttachmentFileName]				

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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
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)

Digital Album for Contract Progress Photo	
Contract No.:	
Contract Title:	
Contractor:	
Date* :	No. of photos attached:
Photo	Description
	[ContractNumber]
	[ContractTitle]
	[Contractor]
	[Date]
	

Remark:

[Item\AttachmentFileName]
---------------------------

Prepared by: \_\_\_\_\_

Designation: \_\_\_\_\_

\* in format dd/mm/yyyy

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

<b>PDF e-form Object Name for data capture</b>	<b>PDF Form Description</b>
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)

C9-AVI (Ver. July 2001)

**Injury Report Form**

The Form should be completed by Safety Office or Site Agent of Principal Contractor within seven days on occurrence of accident resulting in death or injury with incapacity for more than three days.

Contract number \_\_\_\_\_ Ref. No. of injury \_\_\_\_\_

**A. Please fill in or tick the PERSONAL INFORMATION OF THE INJURED WORKER**

1. Name (surname first) \_\_\_\_\_ 4. Imported labourer ☐ Yes ☐ No  
2. Age \_\_\_\_\_ 5. Years of construction site experience \_\_\_\_\_ years  
3. Sex ☐ Male ☐ Female 6. No. of months worked at this site \_\_\_\_\_ months

**B. Please fill in the PARTICULARS OF EMPLOYER of injured worker**

Name of company / employer (If not principal contractor) \_\_\_\_\_

**C. Please fill in or tick the DESCRIPTION OF ACCIDENT**

1. Date of accident (in dd/mm/yy) : \_\_\_\_\_  
2. Anticipated severity of injury  
    1. ☐ Minor (with no hospitalization or hospitalization less than 24 hours)  
    2. ☐ serious (with hospitalization more than 24 hours)  
    3. ☐ Death  
3. Period of Incapacity (in dd/mm/yy) :  
    Start date of sick leave (in dd/mm/yy) : \_\_\_\_\_ (if different from the date of accident)  
    End date of sick leave (in dd/mm/yy) : \_\_\_\_\_ (to be provided when known)

**D. Please tick the appropriate TRADE of the injured worker (tick one box only)**

<u>Semi-skilled worker / General worker</u>	<u>Management / Foreman</u>
1. <input type="checkbox"/> Chainman	11. <input type="checkbox"/> Manager / Site Engineer / General Foreman
2. <input type="checkbox"/> Concreting labourer	12. <input type="checkbox"/> ganger
3. <input type="checkbox"/> Drilling assistant	
4. <input type="checkbox"/> Excavator	
5. <input type="checkbox"/> Labourer	
<u>Tradesman</u>	
21. <input type="checkbox"/> Bamboo scaffolder	37. <input type="checkbox"/> Metal worker
22. <input type="checkbox"/> Bar bender and fixer	38. <input type="checkbox"/> Metal scaffolder
23. <input type="checkbox"/> Bricklayer	39. <input type="checkbox"/> Painter and decorator
24. <input type="checkbox"/> Building services / E&M worker	40. <input type="checkbox"/> Piling operative
25. <input type="checkbox"/> Carpenter (fender)	41. <input type="checkbox"/> Plant & equipment operator (builders lift & other machinery)
26. <input type="checkbox"/> Carpenter (formworker)	42. <input type="checkbox"/> Plant & equipment operator (earthmoving machinery)
27. <input type="checkbox"/> Concretor	43. <input type="checkbox"/> Plant & equipment operator (hoist and crane)
28. <input type="checkbox"/> Construction / Mechanical plant mechanic or fitter	44. <input type="checkbox"/> Plant & equipment operator (piling)
29. <input type="checkbox"/> Diver	45. <input type="checkbox"/> Plant & equipment operator (tunnelling)
30. <input type="checkbox"/> Drainlayer / Mainlayer	46. <input type="checkbox"/> Plasterer
31. <input type="checkbox"/> Demolition Worker	47. <input type="checkbox"/> Plumber
32. <input type="checkbox"/> General welder	48. <input type="checkbox"/> Pneumatic driller
33. <input type="checkbox"/> Joiner	49. <input type="checkbox"/> Rigger / Metal formwork erector
34. <input type="checkbox"/> Leveller	50. <input type="checkbox"/> Structural steel erector
35. <input type="checkbox"/> Marine construction plant operator	51. <input type="checkbox"/> Truck and other vehicle driver
36. <input type="checkbox"/> Mason	52. <input type="checkbox"/> Tunnel worker
60. <input type="checkbox"/> Others please specify, e.g. security staff / watchman _____	

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E. Please tick the **PLACE OF ACCIDENT** (tick one box only)

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Roof / Top of building              | 7. <input type="checkbox"/> External work / Scaffolding / Gondola |
| 2. <input type="checkbox"/> Lift shaft / Internal work surface  | 8. <input type="checkbox"/> Steel bending yard                    |
| 3. <input type="checkbox"/> Stair / Passage                     | 9. <input type="checkbox"/> Pre-casting / Prestressing yard       |
| 4. <input type="checkbox"/> Excavation / Underground / Basement | 10. <input type="checkbox"/> Floor / Floor opening                |
| 5. <input type="checkbox"/> Tunnel / Sewer / Drain / Nullah     | 11. <input type="checkbox"/> Falsework and formwork               |
| 6. <input type="checkbox"/> Ladder                              | 12. <input type="checkbox"/> Others (specify) _____               |

F. Please refer to the list below and write down the code of the **NATURE OF INJURY AND PART OF BODY INJURED** respectively. The information to be collected is similar to **Section J of Labour Department Form 2**.  
(If the victim has more than one injury in the accident, please specify separately. For example, in the case of burn in face and dislocation in elbow, please write down "5, 26" in first injury and "9, 44" in second injury.)

	1 <sup>st</sup> injury	2 <sup>nd</sup> injury	3 <sup>rd</sup> injury
Nature of injury incurred (1-20)	_____	_____	_____
Part of body injured (21-60)	_____	_____	_____

**Nature of injury**

[AccidentLocation]

- |                                       |  |
|---------------------------------------|--|
| 1. Abrasion                           | 11. Electric shock / Effects of electric current |
| 2. Amputation                         | 12. Fracture                                     |
| 3. Asphyxia                           | 13. Puncture                                     |
| 4. Burn (heat)                        | 14. Sprain / Strain / Twist                      |
| 5. Burn / Scald                       | 15. Freezing                                     |
| 6. Contusion & bruise                 | 16. Poisoning and gassing                        |
| 7. Concussion & other internal injury | 17. Irritation                                   |
| 8. Laceration and cut                 | 18. Nausea                                       |
| 9. Dislocation                        | 19. Multiple Injuries                            |
| 10. Crushing                          | 20. Others (specify) _____                       |

**Part of body injured**

- | <u>HEAD</u>           | <u>NECK &amp; TRUNK</u> | <u>UPPER LIMBS</u> | <u>LOWER LIMBS</u>         |
|-----------------------|-------------------------|--------------------|----------------------------|
| 21. Skull / Scalp     | 31. Neck                | 41. Finger         | 51. Hip                    |
| 22. Eye               | 32. Back                | 42. Hand / Palm    | 52. Thigh                  |
| 23. Ear               | 33. Chest               | 43. Forearm        | 53. Knee                   |
| 24. Mouth/ Tooth/ Lip | 34. Abdomen             | 44. Elbow          | 54. Leg                    |
| 25. Nose              | 35. Trunk               | 45. Upper arm      | 55. Ankle                  |
| 26. Face/ Cheek/ Chin | 36. Pelvis / Groin      | 46. Shoulder       | 56. Foot / Toe             |
|                       | 37. Waist               | 47. Wrist          | 60. Others (specify) _____ |

G. Please tick the appropriate **TYPE OF ACCIDENT**. (Can tick more than one box)

The information to be collected is similar to **Section K of Labour Department Form 2** with additional items.

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Trapped in or between objects  | 11. <input type="checkbox"/> Struck by moving or falling object                     |
| 2. <input type="checkbox"/> Injured whilst lifting or carrying / manual lifting / manual handling / Handling without machinery | 12. <input type="checkbox"/> Struck by moving vehicle / Traffic accident            |
| 3. <input type="checkbox"/> Slip, trip or fall on same level   | 13. <input type="checkbox"/> Contact with moving machinery or object being machined |
| 4. <input type="checkbox"/> Fall of person from height _____ metres  | 14. <input type="checkbox"/> Drowning or asphyxiation                               |
| 5. <input type="checkbox"/> Striking against fixed or stationary object  | 15. <input type="checkbox"/> Exposure to fire / burning                             |
| 6. <input type="checkbox"/> Striking against moving object   | 16. <input type="checkbox"/> Exposure to explosion                                  |
| 7. <input type="checkbox"/> Stepping on object / nail  | 17. <input type="checkbox"/> Dust / foreign particle in eye                         |
| 8. <input type="checkbox"/> Exposure to or contact with harmful substance (e.g. poison gas, toxic, corrosive substance)        | 18. <input type="checkbox"/> Hand tool accident                                     |
| 9. <input type="checkbox"/> Contact with electricity or electric discharge   | 19. <input type="checkbox"/> Crushing / Burial                                      |
| 10. <input type="checkbox"/> Trapped by collapsing or overturning object   | 20. <input type="checkbox"/> Machinery operation accident                           |
| 21. <input type="checkbox"/> Others (specify) _____  |   |

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**H. Please tick the appropriate AGENT INVOLVED.** (Can tick more than one box)  
The information to be collected is similar to Section L of Labour Department Form 2 with additional items.

1. <input type="checkbox"/> Equipment for lifting / conveying	11. <input type="checkbox"/> vehicle or associated equipment or machinery
2. <input type="checkbox"/> Portable power or hand tools	12. <input type="checkbox"/> Construction formwork, shuttering & falsework
3. <input type="checkbox"/> Other machinery (specify) _____	13. <input type="checkbox"/> Nail, splinter or chipping
4. <input type="checkbox"/> Material / Product being handled or stored	14. <input type="checkbox"/> Scaffolding / Gondola
5. <input type="checkbox"/> Ladder or working at height	15. <input type="checkbox"/> Excavation / Underground work
6. <input type="checkbox"/> Sewage, manhole or Agent Involved Group	16. <input type="checkbox"/> Slope
7. <input type="checkbox"/> Movable container or package of any kind	17. <input type="checkbox"/> Steel bar / rod
8. <input type="checkbox"/> Floor, ground, stairs or any working surface	18. <input type="checkbox"/> Pipe
9. <input type="checkbox"/> Gas, vapour, dust or fume	19. <input type="checkbox"/> Others (specify) _____
10. <input type="checkbox"/> Electricity supply, wiring apparatus or equipment	

**I. Please tick the TYPE OF WORK PERFORMED** by the injured worker at the time of accident. (Tick one box only)  
The information to be collected is similar to Section N of Labour Department Form 2 with additional items.

1. <input type="checkbox"/> Concreting	16. <input type="checkbox"/> Electrical Wiring
2. <input type="checkbox"/> Woodworking	17. <input type="checkbox"/> Material handling
3. <input type="checkbox"/> Glazier work	18. <input type="checkbox"/> Lift installation
4. <input type="checkbox"/> Reinforcement bar bending	19. <input type="checkbox"/> Slope work
5. <input type="checkbox"/> Bamboo scaffolding	20. <input type="checkbox"/> Mixing
6. <input type="checkbox"/> Metal scaffolding	21. <input type="checkbox"/> Demolition
7. <input type="checkbox"/> Painting	22. <input type="checkbox"/> Road work
8. <input type="checkbox"/> Plastering	23. <input type="checkbox"/> Erection of structural elements
9. <input type="checkbox"/> Arc / Gas welding	24. <input type="checkbox"/> Falsework
10. <input type="checkbox"/> Formwork erection	25. <input type="checkbox"/> Surface treatment
11. <input type="checkbox"/> Brick laying	26. <input type="checkbox"/> Cutting
12. <input type="checkbox"/> Caisson work	27. <input type="checkbox"/> Piling
13. <input type="checkbox"/> Trench work	28. <input type="checkbox"/> Finishing work
14. <input type="checkbox"/> Gas Pipe fitting	29. <input type="checkbox"/> Others (specify) _____
15. <input type="checkbox"/> Water pipe fitting	

**J. Please tick the appropriate UNSAFE ACTION.** (Can tick more than one box)

1. <input type="checkbox"/> Operating without authority	11. <input type="checkbox"/> Failure to use eye protector
2. <input type="checkbox"/> Failure to secure objects	12. <input type="checkbox"/> Failure to use respirator
3. <input type="checkbox"/> Making safety devices inoperative	13. <input type="checkbox"/> Failure to use proper clothing
4. <input type="checkbox"/> Working on moving or dangerous equipment	14. <input type="checkbox"/> Failure to warn others or give proper signals
5. <input type="checkbox"/> Use unsafe equipment / Use equipment unsafely	15. <input type="checkbox"/> Horseplay
6. <input type="checkbox"/> Adopting unsafe position or posture	16. <input type="checkbox"/> Smoking / Burning
7. <input type="checkbox"/> Operating or working at unsafe speed	17. <input type="checkbox"/> Failure to use safety belt / harness
8. <input type="checkbox"/> Unsafe loading, unloading or work	18. <input type="checkbox"/> Failure to use gloves
9. <input type="checkbox"/> Failure to use helmet	19. <input type="checkbox"/> Use unsuitable access / Failure to use access
10. <input type="checkbox"/> Failure to use proper footwear	20. <input type="checkbox"/> Lapse of attention
	21. <input type="checkbox"/> Others (specify) _____

**K. Please tick the appropriate UNSAFE CONDITION.** (Can tick more than one box)

1. <input type="checkbox"/> No protective gear	11. <input type="checkbox"/> Lack of warning system
2. <input type="checkbox"/> Defective protective gear	12. <input type="checkbox"/> Defective tool, machinery or material
3. <input type="checkbox"/> Improper dress / footwear	13. <input type="checkbox"/> Improper stacking / storage
4. <input type="checkbox"/> Improper guarding / No guarding	14. <input type="checkbox"/> Adverse weather
5. <input type="checkbox"/> Improper ventilation	15. <input type="checkbox"/> Inadequate working space / platform
6. <input type="checkbox"/> Improper illumination	16. <input type="checkbox"/> Slippery area
7. <input type="checkbox"/> Improper procedure	17. <input type="checkbox"/> Inadequate tools and protective equipment
8. <input type="checkbox"/> Unsafe layout of job, traffic etc	18. <input type="checkbox"/> Others (specify) _____
9. <input type="checkbox"/> Unsafe process or job methods	
10. <input type="checkbox"/> Poor housekeeping	

**L. Please tick the appropriate PERSONAL FACTOR** which cause the accident. (Can tick more than one box)

1. <input type="checkbox"/> Incorrect attitude / motive	5. <input type="checkbox"/> Fatigue / Exhaustion
2. <input type="checkbox"/> Lack of knowledge or skill	6. <input type="checkbox"/> Carelessness
3. <input type="checkbox"/> Physical defects	7. <input type="checkbox"/> Others (specify) _____
4. <input type="checkbox"/> Unsafe act by another person	

C9-AVI (Ver. July 2001)

M. Please tick the **MACHINERY INVOLVED** in the accident. (Can tick more than one box)  
The information to be collected is similar to Section O of Labour Department Form 2.

1. ☐ Skip / Material hoist / builders' lift
2. ☐ Mobile platform
3. ☐ Tower crane
4. ☐ Mobile crane
5. ☐ Lorry-mounted crane
6. ☐ Hydraulic crane
7. ☐ Suspended working platform

8. ☐ Boatswain's chair
9. ☐ Pile driver
10. ☐ Boring rig
11. ☐ Bar bender
12. ☐ Concrete mixer
13. ☐ Air compressor / receiver
14. ☐ Others (specify) \_\_\_\_\_

N. Please tick the **CONSTRUCTION MACHINERY INVOLVED** in the accident if appropriate. (Tick one box only) The information to be collected is similar to Section P of Labour Department Form 2.

1. ☐ Dump truck
2. ☐ Loader
3. ☐ Excavator
4. ☐ Bulldozer

5. ☐ Grader
6. ☐ Compacting roller
7. ☐ Others (specify) \_\_\_\_\_

[Machinery Involved Group]

[Machinery

O. Brief account of the accident (Sections O & P need not be completed if a separate report has been / will be submitted.)

P. What action(s) / measure(s) should be taken / have been taken to avoid recurrence of similar accidents?

[ConstructionMachineryInvolved]

Q. Injury Report Form completed by:

Name of Person \_\_\_\_\_ Post Title \_\_\_\_\_ Signature \_\_\_\_\_ Date\* \_\_\_\_\_

Acknowledged by:

Name of A/E's Representative \_\_\_\_\_ Signature \_\_\_\_\_ Date\* \_\_\_\_\_

(Note: \* in format dd/mm/yyyy)

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

PDF e-form Object Name for data capture	PDF Form Description
ContractNumber	Contract Number
InjuryReferenceNumber	Ref. No. of injury
InjuredWorker\Surname	Name (surname 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 injury 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 accident. (can tick more than one box)
AccidentType1	
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



PDF e-form Object Name for data capture	PDF Form Description
AgentInvolved1 AgentInvolved2 AgentInvolved3 AgentInvolved4 AgentInvolved5 AgentInvolved6 AgentInvolved7 AgentInvolved8 AgentInvolved9 AgentInvolved10 AgentInvolved11 AgentInvolved12 AgentInvolved13 AgentInvolved14 AgentInvolved15 AgentInvolved16 AgentInvolved17 AgentInvolved18 AgentInvolved19	involved. (can tick morethan one)
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)

PDF e-form Object Name for data capture	PDF Form Description
Unsafe Action Group	Please tick the appropriate unsafe action. (can tick morethan one)
UnsafeAction1	
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 Condition. (can tick morethan one)
UnsafeCondition1	
UnsafeCondition2	
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 factor. (can tick morethan one)
PersonalFactor1	
PersonalFactor2	
PersonalFactor3	
PersonalFactor4	
PersonalFactor5	
PersonalFactor6	
PersonalFactor7	
OtherPersonalFactorSpecification	Other (specify)
Machinery Involved Group	Please tick the machinery involved in

<b>PDF e-form Object Name for data capture</b>	<b>PDF Form Description</b>
MachineryInvolved1 MachineryInvolved2 MachineryInvolved3 MachineryInvolved4 MachineryInvolved5 MachineryInvolved6 MachineryInvolved7 MachineryInvolved8 MachineryInvolved9 MachineryInvolved10 MachineryInvolved11 MachineryInvolved12 MachineryInvolved13 MachineryInvolved14	the accident. (can tick morethan one)
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

C9-AV-P01 (Ver. July 2001)

**Construction Accident Statistics Monthly Summary**  
[for the month ending \_\_\_\_ / \_\_\_\_ (mm/yy)]  
(To be submitted on or before the 15<sup>th</sup> day of each month)

A. If this is the last summary of the contract for entry of data into the PCAS system, please tick the box ☐

B. Please tick your DEPARTMENT

1. <input type="checkbox"/> ArchSD	3. <input type="checkbox"/> DSD	5. <input type="checkbox"/> HyD	7. <input type="checkbox"/> WSD
2. <input type="checkbox"/> CEDD	4. <input type="checkbox"/> EMSD		

Office \_\_\_\_\_ Division \_\_\_\_\_

C. Contract No. : _____	<u>This Month</u>	<u>Cumulative Total</u>
D. Number of fatal accidents	_____	_____
E. Number of dangerous occurrences	_____	_____
F. Number of reportable accidents (with incapacity for mo	_____	_____
G. No. of man-day lost (i) due to accident(s) occurred in this month	_____	_____
(ii) due to accident(s) of pre	_____	_____
H. No. of Form 2B submitted to LD (with incapacity of 3 days or less)	_____	_____
I. Number of LD inspection conducted	_____	_____
J. Number of Improvement Notice(s) issued by LD	_____	_____
K. Number of Suspension Notice(s) issued by LD	_____	_____
L. Sum certified (in HK\$)	_____	_____
M. Number of man-days and man-hours worked by Trades (based on the return of GF 527 to the Census and Statistics Department)	<u>Man-days</u>	<u>Man-hours</u>
<u>General worker</u>		
4. Excavator	_____	_____
5. Labourer	_____	_____
<u>Management</u>		
11. Manager / General Foreman / Ganger	11 N/A	_____
<u>Tradesman</u>		
21. Bamboo scaffolder	_____	_____
22. Bar bender and fixer	_____	_____
23. Bricklayer	_____	_____
24. Building services	_____	_____
25. Carpenter	_____	_____
27. Concretor	_____	_____
28. Plant mechanic / Fitter	_____	_____
30. Drainlayer / Mainlayer	_____	_____
32. General welder	_____	_____
37. Metal worker	_____	_____
42. Plant & equipment operator	_____	_____
46. Plasterer	_____	_____
47. Plumber	_____	_____
48. Pneumatic driller	_____	_____
49. Rigger / Metal formwork er	_____	_____
52. Tunnel worker	_____	_____
60. Others not included in the above	_____	_____
Total of	_____	_____
Cumulative total since contract comm	_____	_____

Note: Please submit the Employees Compensation Summary at C9-AV-P03 on quarterly basis whenever there was fatal and/or non-fatal accident happened for the contract until settlement of compensation of all injury cases under the same contract.

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

PDF e-form Object Name for data capture	PDF Form Description
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
BuildingServiceElectricalMechanicalWorkerEffort.ManDay	Building services / E&M worker
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

RiggerMetalFormworkErrectorEffort.ManDay	Rigger / Metal formwork errector
TunnelWorkerEffort.ManDay	Tunnel worker
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	Manager / General Foreman / Ganger
BambooScaffolderEffort.ManHour	Bamboo scaffolder
BarBenderFixerEffort.ManHour	Bar bender and fixer
BricklayerEffort.ManHour	Bricklayer
BuildingServiceElectricalMechanicalWorkerEffort.ManHour	Building services / E&M worker
CarpenterEffort.ManHour	Carpenter
ConcretorEffort.ManHour	Concretor
PlantMechanicFitterEffort.ManHour	Plant mechanic / Fitter
DrainlayerMainlayerEffort.ManHour	Drainlayer / Mainlayer
GeneralWelderEffort.ManHour	General welder
MetalWorkerEffort.ManHour	Metal worker
PlantEquipmentOperatorEffort.ManHour	Plant & equipment operator
PlastererEffort.ManHour	Plasterer
PlumberEffort.ManHour	Plumber
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 commencement

3.7 WDD – 4.2 – 1.0 (Employees Compensation Summary)

C9-AV-P03(Ver.July 2001)

Employees Compensation Summary as at the month of / (mm/yy)

(To be submitted on quarterly basis until settlement of compensation of all injury cases under the same contract)

Contract No.

Completed by: Name of Person

Contract Title :

Contact Tel. No.

Ref. No.	Name of Injured Person	Date* of Injury	End Date* of Sick Leave	No. of Man-day Lost	Percentage of Permanent Incapacity (PI) Finalized by LD(Please tick)			Compensation Paid (HK \$)		
					0%	<=5%	>5%	Sick Leave	Compensation (PI)	Total
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

\* in format dd/mm/yyyy

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

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 ( <i>Please tick</i> ) (0%, <=5%, > 5%)
PaidSickLeaveCompensation	Sick Leave
PaidPermanentIncapacityCompensation	Compensation (PI)
TotalPaidCompensation	Total

### 3.8 WDD – 4.3 – 1.0 (Preliminary Accident Report)

C9-AVIII (Ver. Sep. 99)

**Appendix VIII**

To : [Recipient]

**Urgent by Fax**

[Client]      **Department**

**Preliminary Report on Accident**

- 1      Contract No : [ContractNumber]
- 2      Contract Title : [ContractTitle]
- 3      Name of Contractor : [Contractor]
- 4      Location of Accident : [AccidentLocation]
- 5      Date and Time of Accident : [AccidentDateTime]
- 6      Nature and Brief Account of Accident (with a sketch) : [AccidentNatureBriefAccount]

Attached filename of the sketch : [Sketch]

- 7      Number of Person(s) Injured/killed : [InjuredDeceasedWorkerCount]
- 8      Name(s) and Age(s) of Person(s) injured/killed :

Name	Age	Name	Age
[Name]	[Age]		
[InjuredDeceasedWorker]			
- 9      Seriousness of Injury, or extent of damages : [InjurySeriousnessDamageExtent]
- 10      Probable cause of the accident (if established) : [AccidentProbableCause]
- 11      Measures introduced (or to be introduced) to prevent recurrence of similar accidents on site if established :  
[AvoidAccidentRecurrenceMeasure]
- 12      Effect of accident on progress of works :  
[AffectedWorksProgress]
- 13      Contractor's report attached (Yes/No) : [ContractorReportAttachedIndicator]  
Attached filename of the report : [ContractorReport]
- 14      Any other information : [Remark]

Reported By :

[ReportingPersonName]	[ReportingPersonTelephoneNumber]	[ReportingPersonSignatureDate]
Name	Post	Tel. No.      Signature      Date

1

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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
Recipient	To
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)

C9-AIX (Ver. Feb 2003)

Appendix IX – Supplementary Information for Fatal Accident

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URGENT BY FAX

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TO: CAS(W)5, ETWB FAX: 2882 7152 DATE: [ReportDate]	FROM: [SenderName] (name) POST and DEPARTMENT: [SenderTitle] [SenderOrganization] TEL. NO.: [SenderTelephoneNumber]
---	---

---

**Information of the Contract**

Contract No.: [ContractNumber]

Contract Title: [ContractEnglishTitle] (in English)  
[ContractChineseTitle] (in Chinese)

**Information of the Accident and the Deceased :**

Date of Accident : [AccidentDate]

Name of Deceased : [EnglishName] (in English) [ChineseName] (in Chinese)

Age : [Age]

**Information of the next of kin :**

Name : [Name] (in Chinese if the Deceased was of Chinese ethnic group)

Relationship with the Deceased : [Relationship]

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: [DigitalSignature]

c.c. Departmental Safety Adviser, [CcOrganization] Department



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

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\TelephoneNumber	Contact Tel. No.
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 樓宇、機器或設備受損壞的程度	[StructuralPlantDamage]
Casualties * 有沒有人受傷	<input type="checkbox"/> [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。

[CompanySignature] (CHOP OF COMPANY) (公司蓋印)	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

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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
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.	<div style="display: flex; justify-content: space-between;"> <div>                     (i) Port of registry/ [RegistryPort]                      Licence No. [LicenceNumber]                      (iii) G.T. [GrossTon]                 </div> <div>                     (ii) Nationality : [Nationality]                      (iv) Condition : [Condition]                 </div> </div>
5.	<div style="display: flex; justify-content: space-between;"> <div>                     (i) Name of master : [Name]                      (iii) Certificate No. [CertificateNumber]                 </div> <div>                     (ii) Nationality : [Nationality]                      (iv) Issuing authority : [CertificateIssuingAuthority]                 </div> </div>
6.	Name of H.K. licenced pilot : [HongKongLicencedPilot] (if applicable)
7.	Date and time of accident : [AccidentDateTime]
8.	Position where accident occurred : [AccidentPosition]
9.	Name/s of other vessel/s involved : [OtherInvolvedVesselName]
10.	<div style="display: flex; justify-content: space-between;"> <div>                     (i) Direction and Force of tide :                      [TideDirection] [TideForce]                 </div> <div>                     (ii) Direction and Force of wind :                      [WindDirection] [WindForce]                 </div> </div>
11.	<div style="display: flex; justify-content: space-between;"> <div>(i) State of weather : [WeatherState]</div> <div>(ii) Visibility : [Visibility]</div> </div>
12.	Lights exhibited by own ship: [OwnVesselExhibitedLight] (if applicable)
13.	Lights exhibited by other vessel: [OtherVesselExhibitedLight] (if applicable)
14.	Details of sound signals given by own ship: [OwnVesselSoundSignal] (if applicable)
15.	Details of sound signals given by other vessel: [OtherVesselSoundSignal] (if applicable)
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.	<p>Signature, full name, designation and address of person providing the above information :</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> <p>[ReportingPersonSignature]</p> <p>Signature</p> </div> <div style="text-align: center;"> <p>[ReportingPersonName]</p> <p>Full Name</p> </div> <div style="text-align: center;"> <p>[ReportingPersonTitle]</p> <p>Designation</p> </div> </div> <p style="margin-top: 10px;">Address : [ReportingPersonAddress]</p> <p style="margin-top: 20px;">Date : [ReportingPersonSignatureDate]</p>

To : Director of Marine  
Harbour Building,  
38 Pier Road,  
G.P.O. Box 4155,  
Hong Kong.  
Fax No. 545 0556

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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
AccidentType	Type of accident; (enter "Collision", "Grounding", "Foundering", "Fire", etc.)
OtherAccidentTypeSpecification	
Name	Name of Vessel
OwnVesselType	Type of vessel (enter "Passenger", "Cargo", "Container", "Bulk", "Tanker", etc.)
OwnVesselOtherTypeSpecification	
OwnVesselRegistryPort	Port of registry
OwnVesselLicenceNumber	Licence No.
OwnVesselNationality	Nationality
OwnVesselGrossTon	G.T.
OwnVesselCondition	Condition
OwnVesselMasterName	Name of master
OwnVesselMasterNationality	Nationality
OwnVesselMasterCertificateNumber	Certificate No.
OwnVesselMasterCertificateIssuingAuthority	Issuing Authority
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: (if applicable)
OtherVesselSoundSignal	Details of sound signals given by other vessel: (if applicable)
OwnVesselCourseSpeedFirstSightingCollisionObject	Course and speed of own ship on first sighting other vessel, pier, shore or buoy with which collision occurred:
CollisionObjectFirstSightedDistanceBearing	Distance and bearing of other vessel, pier, shore or buoy when first sighted :
Damage	Description of damage of own ship or to other property :
AccidentAccount	Account of accident, with remarks as to cause and avoiding action taken :
ReportingPersonSignature	Signature
ReportingPersonName	Full Name
ReportingPersonTitle	Designation
ReportingPersonAddress	Address

ReportingPersonSignatureDate	Date
------------------------------	------

### 3.12 WDD – 4.7 – 1.0 (Death Incapacity Notice)

FORM 2			
EMPLOYEES' COMPENSATION ORDINANCE (CAP. 282)			
SECTION 15			
NOTICE BY EMPLOYER OF THE DEATH OF AN EMPLOYEE OR OF AN ACCIDENT TO AN EMPLOYEE RESULTING IN DEATH OR INCAPACITY			
To the Commissioner for Labour			
<p>I declare that the information given in this form is, to the best of my knowledge, true and accurate.</p> <p>Signature : <u>[ReportingPersonSignature]</u> (for and on behalf of the employer)</p> <p>Name (in block letters) : <u>[ReportingPersonName]</u></p> <p>Position : <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> Officer <u>[ReportingPersonTitle]</u></p> <p>Date : <u>[ReportingPersonSignatureDate]</u> <span style="float: right;"><u>[CompanySignature]</u> Chop of Company (Note 1)</span></p>			
A. Particulars of the employee		➤ Part I ◀	
Name of employee (Surname first) <u>[Surname]</u> <u>[GivenName]</u>		Identity Card/Passport No. <u>[HkidPassportNumber]</u>	
Telephone No. <u>[TelephoneNumber]</u>	Fax No. <u>[FaxNumber]</u>	Address <u>[Address]</u> <span style="float: right;"><u>[InjuredDeceasedWorker]</u></span>	
Date of Birth <u>[Birthday]</u> Day/Month/Year	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <u>[Gender]</u>	Occupation <u>[Occupation]</u>	An apprentice <u>[ApprenticeIndicator]</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Particulars of employer			
Name of employing company/person <u>[Name]</u>		Business Registration Certificate No. <u>[HkBusinessRegistrationNumberHkidNumber]</u> (Note 2)	
Telephone No. <u>[TelephoneNumber]</u>	Address <u>[Address]</u>	Trade <u>[Trade]</u> <span style="float: right;"><u>[Employer]</u></span>	
Fax No. <u>[FaxNumber]</u>			
C. Particulars of principal contractor/holding company (Note 3)			
Name of principal contractor/holding company <u>[Name]</u>		Business Registration Certificate No. <u>[HkBusinessRegistrationNumber]</u>	
Telephone No. <u>[TelephoneNumber]</u>	Address <u>[Address]</u>	Trade <u>[Trade]</u> <span style="float: right;"><u>[PrincipalContractorHoldingCompany]</u></span>	
Fax No. <u>[FaxNumber]</u>			
D. Description of accident			
Describe how the accident happened and state what the employee was doing at the time (Note 4) <u>[Description]</u>			
State whether the accident occurred in the course of work <input type="checkbox"/> Yes <input type="checkbox"/> No <u>[OccurDuringWorkIndicator]</u>	Date of accident <u>[AccidentDate]</u> Day/Month/Year	Time of accident <u>[AccidentTime]</u>	Result of accident <input type="checkbox"/> Death <input type="checkbox"/> Injury <u>[ResultIndicator]</u> <span style="float: right;"><u>[Accident]</u></span>
Address of the place of accident <u>[Address]</u>		Name of hospital/clinic where the employee received treatment <u>[HospitalClinicName]</u>	



<p><i>E. Details of insurance (Note 5)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px; vertical-align: top;">                 Name and address of insurance company at the time of accident (Please refer to the insurance policy)                   [InsuranceCompanyNameAddress]             </td> <td style="width: 40%; padding: 5px; vertical-align: top;">                 Policy No.                   [PolicyNumber]             </td> </tr> </table>			Name and address of insurance company at the time of accident (Please refer to the insurance policy)  [InsuranceCompanyNameAddress]	Policy No.  [PolicyNumber]								
Name and address of insurance company at the time of accident (Please refer to the insurance policy)  [InsuranceCompanyNameAddress]	Policy No.  [PolicyNumber]											
<p><i>F. Details of earnings of the employee</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;">                 Average number of working days per month  <input type="checkbox"/> 22   <input type="checkbox"/> 24   <input type="checkbox"/> 26   <input type="checkbox"/> 30  <input type="checkbox"/> Others [OtherAverageMonthlyWorkingDayCountSpecification]                  (please specify)                  [AverageMonthlyWorkingDayCount]             </td> <td style="width: 50%; padding: 5px; vertical-align: top;">                 Rest day is                  [PaidRestDayIndicator]                  (a) <input type="checkbox"/> not paid   <input type="checkbox"/> paid                  (b) <input type="checkbox"/> not fixed   <input type="checkbox"/> fixed on [FixedRestDay]                  [FixedRestDayIndicator] (Day of week)             </td> </tr> </table> <p>Details of earnings per month for the month immediately preceding the date of accident: (Note 6)</p> <table style="width: 100%;"> <tr> <td style="width: 60%;">(a) Basic salary/wages</td> <td style="width: 40%; text-align: right;">[MonthlyBasicSalary] \$ / month</td> </tr> <tr> <td>(b) Food allowances/value of free food provided by employer</td> <td style="text-align: right;">[MonthlyFoodAllowance] \$ / month</td> </tr> <tr> <td>(c) Other items : [Type] [OtherEarningItem] (please specify)</td> <td style="text-align: right;">\$ [Amount] / month</td> </tr> <tr> <td style="text-align: right;">Total (a) + (b) + (c)</td> <td style="text-align: right;">[TotalMonthlyEarning] \$ / month</td> </tr> </table> <p>Average monthly earnings of the employee for the past 12 months (or total period of employment, if less than 12 months) preceding the accident were</p> <p style="text-align: right;">[PastYearAverageMonthlyEarning] \$ / month</p>			Average number of working days per month <input type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 30 <input type="checkbox"/> Others [OtherAverageMonthlyWorkingDayCountSpecification] (please specify) [AverageMonthlyWorkingDayCount]	Rest day is [PaidRestDayIndicator] (a) <input type="checkbox"/> not paid <input type="checkbox"/> paid (b) <input type="checkbox"/> not fixed <input type="checkbox"/> fixed on [FixedRestDay] [FixedRestDayIndicator] (Day of week)	(a) Basic salary/wages	[MonthlyBasicSalary] \$ / month	(b) Food allowances/value of free food provided by employer	[MonthlyFoodAllowance] \$ / month	(c) Other items : [Type] [OtherEarningItem] (please specify)	\$ [Amount] / month	Total (a) + (b) + (c)	[TotalMonthlyEarning] \$ / month
Average number of working days per month <input type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 30 <input type="checkbox"/> Others [OtherAverageMonthlyWorkingDayCountSpecification] (please specify) [AverageMonthlyWorkingDayCount]	Rest day is [PaidRestDayIndicator] (a) <input type="checkbox"/> not paid <input type="checkbox"/> paid (b) <input type="checkbox"/> not fixed <input type="checkbox"/> fixed on [FixedRestDay] [FixedRestDayIndicator] (Day of week)											
(a) Basic salary/wages	[MonthlyBasicSalary] \$ / month											
(b) Food allowances/value of free food provided by employer	[MonthlyFoodAllowance] \$ / month											
(c) Other items : [Type] [OtherEarningItem] (please specify)	\$ [Amount] / month											
Total (a) + (b) + (c)	[TotalMonthlyEarning] \$ / month											
<p><i>G. Fatal accident (to be completed where accident results in death)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px; vertical-align: top;">                 Whether police was notified  <input type="checkbox"/> Yes [PoliceStation]                  (name of police station)   <input type="checkbox"/> No                  [PoliceNotifiedIndicator]             </td> <td style="width: 40%; padding: 5px; vertical-align: top;">                 Name and address of next-of-kin of the deceased employee                   [WorkerNextKinNameAddress]             </td> <td style="width: 30%; padding: 5px; vertical-align: top;">                 Relationship with the deceased employee [FatalAccident]                  [WorkerNextKinRelationship]                   Telephone No.                  [WorkerNextKinTelephoneNumber]             </td> </tr> </table>			Whether police was notified <input type="checkbox"/> Yes [PoliceStation] (name of police station)  <input type="checkbox"/> No [PoliceNotifiedIndicator]	Name and address of next-of-kin of the deceased employee  [WorkerNextKinNameAddress]	Relationship with the deceased employee [FatalAccident] [WorkerNextKinRelationship]  Telephone No. [WorkerNextKinTelephoneNumber]							
Whether police was notified <input type="checkbox"/> Yes [PoliceStation] (name of police station)  <input type="checkbox"/> No [PoliceNotifiedIndicator]	Name and address of next-of-kin of the deceased employee  [WorkerNextKinNameAddress]	Relationship with the deceased employee [FatalAccident] [WorkerNextKinRelationship]  Telephone No. [WorkerNextKinTelephoneNumber]										
<p><i>H. Direct settlement (to be completed only where the injury results in temporary incapacity for not more than 7 days and no permanent incapacity, and the employer and employee have chosen to directly settle the employees' compensation claim)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;">                 Period of sick leave [WorkerSickLeavePeriod]                   from [StartDate] to [EndDate]                  Day / Month / Year   Day / Month / Year                   [StartDate] to [EndDate]                  Day / Month / Year   Day / Month / Year                   Total number of sick leave days : [WorkerTotalSickLeaveDayCount] days             </td> <td style="width: 50%; padding: 5px; vertical-align: top;">                 Amount of compensation:                  \$ [CompensationAmount]                  [CompensationPaidIndicator]  <input type="checkbox"/> paid  <input type="checkbox"/> to be paid on [CompensationPayDate]                  Day / Month / Year             </td> </tr> </table> <p style="text-align: right;">[WorkerCompensationDirectSettlement]</p>			Period of sick leave [WorkerSickLeavePeriod]  from [StartDate] to [EndDate] Day / Month / Year   Day / Month / Year  [StartDate] to [EndDate] Day / Month / Year   Day / Month / Year  Total number of sick leave days : [WorkerTotalSickLeaveDayCount] days	Amount of compensation: \$ [CompensationAmount] [CompensationPaidIndicator] <input type="checkbox"/> paid <input type="checkbox"/> to be paid on [CompensationPayDate] Day / Month / Year								
Period of sick leave [WorkerSickLeavePeriod]  from [StartDate] to [EndDate] Day / Month / Year   Day / Month / Year  [StartDate] to [EndDate] Day / Month / Year   Day / Month / Year  Total number of sick leave days : [WorkerTotalSickLeaveDayCount] days	Amount of compensation: \$ [CompensationAmount] [CompensationPaidIndicator] <input type="checkbox"/> paid <input type="checkbox"/> to be paid on [CompensationPayDate] Day / Month / Year											

## I. Place of accident (tick one box)

The accident occurred in — (Note 7)					
Construction site		Shipyard	Manufactory	Others	
<input type="checkbox"/> 01	Building worksite	<input type="checkbox"/> 04	Floating vessel	<input type="checkbox"/> 07	Production area
<input type="checkbox"/> 02	Civil worksite	<input type="checkbox"/> 05	Non-floating vessel	<input type="checkbox"/> 08	Maintenance workshop
<input type="checkbox"/> 03	Renovation/repair of existing buildings	<input type="checkbox"/> 06	Maintenance workshop	<input type="checkbox"/> 09	Loading/unloading area
			<input type="checkbox"/> 10	Storage area	
				<input type="checkbox"/> 11	Container yard
				<input type="checkbox"/> 12	Catering establishment
				<input type="checkbox"/> 13	Please specify

[Code] [AccidentLocation]  
[OtherSpecification]

Activity carried out on the site at the time of accident (Note 8)  
[ActivityDuringAccident]

## J. Nature of injury (Note 9)

Describe the nature of injury			
[InjuryDescription]			
Indicate nature of injury (tick one box) — [Code]			
<input type="checkbox"/> 01	Abrasion	<input type="checkbox"/> 06	Contusion & bruise
<input type="checkbox"/> 02	Amputation	<input type="checkbox"/> 07	Concussion
<input type="checkbox"/> 03	Asphyxia	<input type="checkbox"/> 08	Laceration and cut
<input type="checkbox"/> 04	Burn (heat)	<input type="checkbox"/> 09	Dislocation
<input type="checkbox"/> 05	Burn	<input type="checkbox"/> 10	Crushing
<input type="checkbox"/> 11	Electric shock	<input type="checkbox"/> 12	Fracture
<input type="checkbox"/> 13	Puncture wound	<input type="checkbox"/> 14	Sprain & strain
<input type="checkbox"/> 15	Freezing	<input type="checkbox"/> 16	Poisoning
<input type="checkbox"/> 17	Irritation	<input type="checkbox"/> 18	Nausea
<input type="checkbox"/> 19	Multiple injuries	<input type="checkbox"/> 20	Others (please specify)

[OtherSpecification]

Part of body injured (tick one box) — [BodyPartInjured]

Head	Neck & Trunk	Upper Limbs	Lower Limbs
<input type="checkbox"/> 21	Skull/scalp	<input type="checkbox"/> 31	Neck
<input type="checkbox"/> 22	Eye	<input type="checkbox"/> 32	Back
<input type="checkbox"/> 23	Ear	<input type="checkbox"/> 33	Chest
<input type="checkbox"/> 24	Mouth/tooth	<input type="checkbox"/> 34	Abdomen
<input type="checkbox"/> 25	Nose	<input type="checkbox"/> 35	Trunk
<input type="checkbox"/> 26	Face	<input type="checkbox"/> 36	Pelvis/groin
<input type="checkbox"/> 41	Finger	<input type="checkbox"/> 42	Hand/palm
<input type="checkbox"/> 43	Forearm	<input type="checkbox"/> 44	Elbow
<input type="checkbox"/> 45	Upper arm	<input type="checkbox"/> 46	Shoulder
<input type="checkbox"/> 51	Hip	<input type="checkbox"/> 52	Thigh
<input type="checkbox"/> 53	Knee	<input type="checkbox"/> 54	Leg
<input type="checkbox"/> 55	Ankle	<input type="checkbox"/> 56	Foot
<input type="checkbox"/> 61	Multiple locations (please specify)		

[WorkerInjuryNature]  
[MultipleBodyPartInjuredSpecification]

## K. Type of accident (tick one box) (Note 9)

<input type="checkbox"/> 01	Trapped in or between objects	<input type="checkbox"/> 05	Striking against fixed or stationary object	<input type="checkbox"/> 10	Trapped by collapsing or overturning object	<input type="checkbox"/> 15	Exposure to fire
<input type="checkbox"/> 02	Injured whilst lifting or carrying	<input type="checkbox"/> 06	Striking against moving object	<input type="checkbox"/> 11	Struck by moving or falling object	<input type="checkbox"/> 16	Exposure to explosion
<input type="checkbox"/> 03	Slip, trip or fall on same level	<input type="checkbox"/> 07	Stepping on object	<input type="checkbox"/> 12	Struck by moving vehicle	<input type="checkbox"/> 17	Others (Please specify)
<input type="checkbox"/> 04	Fall of person from height*	<input type="checkbox"/> 08	Exposure to or contact with harmful substance	<input type="checkbox"/> 13	Contact with moving machinery or object being machined		
	[WorkerFallingHeight]metres	<input type="checkbox"/> 09	Contact with electricity or electric discharge	<input type="checkbox"/> 14	Drowning		

\* distance through which person fell [AccidentType]  
[OtherAccidentTypeSpecification]

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➤ Part II ◀

(To be completed if the accident occurred on a construction site)

N. Type of work performed by the employee at the time of accident (tick one box)

<input type="checkbox"/> 01 Concreting	<input type="checkbox"/> 07 Painting	<input type="checkbox"/> 13 Trench work	<input type="checkbox"/> 19 Slope work
<input type="checkbox"/> 02 Woodworking	<input type="checkbox"/> 08 Plastering	<input type="checkbox"/> 14 Gas pipe fitting	<input type="checkbox"/> 20 Others
<input type="checkbox"/> 03 Glazier work	<input type="checkbox"/> 09 Arc/gas welding	<input type="checkbox"/> 15 Water pipe fitting	(please specify)
<input type="checkbox"/> 04 Reinforcement bar bending	<input type="checkbox"/> 10 Formwork erection	<input type="checkbox"/> 16 Electrical wiring	
<input type="checkbox"/> 05 Bamboo scaffolding	<input type="checkbox"/> 11 Brick laying	<input type="checkbox"/> 17 Material handling	[OtherWorkTypePerformedSpecification]
<input type="checkbox"/> 06 Tubular scaffolding	<input type="checkbox"/> 12 Caisson work	<input type="checkbox"/> 18 Lift installation	

[WorkTypePerformed]

Whereabouts on the site such work was performed

[WorkPerformingWhereabouts]

O. Machinery involved, if any (tick one or more boxes) (Note 10)

<input type="checkbox"/> 01 Skip/material hoist	<input type="checkbox"/> 06 Hydraulic crane	<input type="checkbox"/> 11 Bar bender
<input type="checkbox"/> 02 Passenger hoist/builders' lift	<input type="checkbox"/> 07 Suspended working platform	<input type="checkbox"/> 12 Concrete mixer
<input type="checkbox"/> 03 Tower crane	<input type="checkbox"/> 08 Boatswain's chair	<input type="checkbox"/> 13 Air compressor/receiver
<input type="checkbox"/> 04 Mobile crane	<input type="checkbox"/> 09 Pile driver	<input type="checkbox"/> 14 Others (please specify)
<input type="checkbox"/> 05 Lorry-mounted crane	<input type="checkbox"/> 10 Boring jig	

[MachineryInvolved]

[OtherMachineryInvolvedSpecification]

[ConstructionSite, Accident]

P. Transporting or construction machinery involved, if any (tick one box)

<input type="checkbox"/> 01 Dump truck	<input type="checkbox"/> 04 Bulldozer	<input type="checkbox"/> 07 Others (please specify)
<input type="checkbox"/> 02 Loader	<input type="checkbox"/> 05 Grader	[OtherTransportingConstructionMachineryInvolvedSpecification]
<input type="checkbox"/> 03 Excavator	<input type="checkbox"/> 06 Compacting roller	

[TransportingConstructionMachineryInvolved]

➤ End of Part II ◀

**Supplementary Information on Accidents on Construction****Sites****Explanatory note :**

This is **not** a statutory form required to be submitted under the Employees' Compensation Ordinance for reporting accident. However, the co-operation of employers is sought to complete Sections I and II below for accidents occurred on construction sites. The supplementary information will be used for the purpose of accident analysis within Government and by the public bodies concerned.

**I. Particulars of worksite**

Commencement of construction work: <small>[WorkCommencementMonth]</small> / <small>[WorkCommencementYear]</small> Month / Year	Expected Date of Completion: <small>[WorkAnticipatedCompletionMonth]</small> / <small>[WorkAnticipatedCompletionYear]</small> Month / Year
Contractor Name: <small>[Contractor]</small>	<div style="text-align: center;"> <small>[CompanySignature]</small>            Chop of Company         </div>
Site Address: <small>[SiteAddress]</small>	
Contract No. (if available): <small>[ContractNumber]</small>	
Date of Accident: <small>[AccidentDate]</small>	
Contact Telephone: <small>[SiteTelephoneNumber]</small>	

[AccidentSite]**II. Particulars of Project**[SupplementaryInformation]

(A) Nature of Project <small>[ProjectNature]</small>	
<input type="checkbox"/> Civil Engineering	<input type="checkbox"/> Superstructure <input type="checkbox"/> Maintenance and Repair
(B) Private Project <small>[PublicPrivateProjectIndicator]</small>	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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: <small>[ProjectManagerName]</small>	
Position: <small>[ProjectManagerTitle]</small>	
Tel. No.: <small>[ProjectManagerTelephoneNumber]</small>	
(C) Public Works or Government Project <small>[PublicWorksType]</small>	
<input type="checkbox"/> 01 Architectural Services Department	<input type="checkbox"/> 09 Housing Department
<input type="checkbox"/> 02 Buildings Department	<input type="checkbox"/> 10 Kowloon-Canton Railways Corporation
<input type="checkbox"/> 03 Civil Engineering Department	<input type="checkbox"/> 11 Mass Transit Railways Corporation
<input type="checkbox"/> 04 Drainage Services Department	<input type="checkbox"/> 12 Airport Authority
<input type="checkbox"/> 05 Electrical & Mechanical Services Department	<input type="checkbox"/> 13 Others (please specify)
<input type="checkbox"/> 06 Highways Department	<small>[OtherPublicWorksTypeSpecification]</small>
<input type="checkbox"/> 07 Territory Development Department	
<input type="checkbox"/> 08 Water Supplies Department	

Please '✓' in the appropriate box.

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

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	Name of employee (Surname first)
InjuredDeceasedWorker\GivenName	
InjuredDeceasedWorker\HkidPassportNumber	Identity Card/Passport No.
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\HkBusinessRegistrationNumberHkidNumber	Business Registration Certificate No.
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\HkBusinessRegistrationNumber	Business Registration Certificate No.
PrincipalContractorHoldingCompany\TelephoneNumber	Telephone No.
PrincipalContractorHoldingCompany\FaxNumber	Fax No.
PrincipalContractorHoldingCompany\Addresses	Address
PrincipalContractorHoldingCompany\Trade	Trade
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 course of work
Accident\AccidentDateTime	Date of accident Time of accident
Accident\ResultIndicator	Result of accident
Accident\Address	Address of the place of accident
Accident\HospitalClinicName	Name of hospital/clinic where the employee



	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\AverageMonthlyWorkingDayCount	Average number of working days per month
InjuredDeceasedWorkerEarning\OtherAverageMonthlyWorkingDayCountSpecification	Others
InjuredDeceasedWorkerEarning\PaidRestDayIndicator	Rest day is (a)
InjuredDeceasedWorkerEarning\FixedRestDayIndicator	(b)
InjuredDeceasedWorkerEarning\FixedRestDay	Day of week
InjuredDeceasedWorkerEarning\MonthlyBasicSalary	(a) Basic salary/wages
InjuredDeceasedWorkerEarning\MonthlyFoodAllowance	(b) Food allowances/value of free food provided by employer
InjuredDeceasedWorkerEarning\OtherEarningItem	(c) Other items
InjuredDeceasedWorkerEarning\OtherEarningItem\Type	(please specify)
InjuredDeceasedWorkerEarning\OtherEarningItem\Amount	
InjuredDeceasedWorkerEarning\TotalMonthlyEarning	Total (a) + (b) + (c)
InjuredDeceasedWorkerEarning\PastYearAverageMonthlyEarning	Average monthly earnings of the employee for the last 12 months...
FatalAccident	G. Fatal accident (to be completed where 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\WorkerNextKinTelephoneNumber	Telephone No.
WorkerCompensationDirectSettlement	H. Direct settlement (to be completed only...
WorkerCompensationDirectSettlement\WorkerSickLeavePeriod	Period of sick leave
WorkerCompensationDirectSettlement\WorkerSickLeavePeriod\StartDate	From
WorkerCompensationDirectSettlement\WorkerSickLeavePeriod\EndDate	To
WorkerCompensationDirectSettlement\WorkerTotalSickLeaveDayCount	Total number of sick leave days
WorkerCompensationDirectSettlement\CompensationAmount	Amount of compensation
WorkerCompensationDirectSettlement\CompensationPaidIndicator	
WorkerCompensationDirectSettlement\CompensationPaid	To be paid on

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\MultipleBodyPartInjuredSpecification	Multiple locations (please specify)
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 boxes)
AccidentInvolvingAgent\Code	
AccidentInvolvingAgent\OtherSpecification	Others (Please specify)
AccidentInvolvingAgent\OtherMachineryType	Type :
AccidentInvolvingAgent\OtherMachineryCausingInjuryPart	Part causing injury
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\WorkTypePerformed	
ConstructionSiteAccident\OtherWorkTypePerformedSpecification	Others (please specify)
ConstructionSiteAccident\WorkPerformingWhereabouts	Whereabouts on the site such work was performed
ConstructionSiteAccident\MachineryInvolved	O. Machinery involved, if any (tick one or more boxes)
ConstructionSiteAccident\OtherMachineryInvolvedSpecification	Others (please specify)
ConstructionSiteAccident\TransportingConstructionMachineryInvolved	P. Transporting or construction machinery involved, if any (tick one box)
ConstructionSiteAccident\OtherTransportingConstructionMachineryInvolvedSpecification	Others (please specify)
SupplementaryInformation	Supplementary Information on Accidents on Construction Sites
SupplementaryInformation\AccidentSite	I. Particulars of worksite
SupplementaryInformation\AccidentSite\WorkCommencementMonth	Commencement of construction work:
SupplementaryInformation\AccidentSite\WorkCommencementYear	
SupplementaryInformation\AccidentSite\WorkAnticipatedCompletionMonth	Expected Date of Completion



SupplementaryInformation\AccidentSite\WorkAnticipatedCompletionYear	
SupplementaryInformation\AccidentSite\Contractor	Contractor Name:
SupplementaryInformation\AccidentSite\SiteAddress	Site Address:
SupplementaryInformation\AccidentSite\ContractNumber	Contract No. (if available):
SupplementaryInformation\AccidentSite\AccidentDate	Date of Accident:
SupplementaryInformation\AccidentSite\SiteTelephoneNumber	Contact Telephone:
SupplementaryInformation\AccidentSite\CompanySignature	Chop of Company
SupplementaryInformation\ProjectNature	(A) Nature of Project
SupplementaryInformation\PublicPrivateProjectIndicator	(B) Private Project
SupplementaryInformation\ProjectManagerName	Name:
SupplementaryInformation\ProjectManagerTitle	Position:
SupplementaryInformation\ProjectManagerTelephoneNumber	Tel. No.:
SupplementaryInformation\PublicWorksType	(C) PublicWorks or Government Project
SupplementaryInformation\OtherPublicWorksTypeSpecification	Others (please specify)

### 3.13 WDD – 5.0 – 1.0 (Inspection Survey Request)

2006 Edition

**APPENDIX 7.9 INSPECTION/SURVEY CHECK REQUEST FORM**

Contract No. \_\_\_\_\_ Request No. \_\_\_\_\_

To Engineer's Representative \_\_\_\_\_

This is a ☐ new submission/ ☐ re-submission (previous request no. \_\_\_\_\_)\*

(1) Location of work		Date** & Time***
(2) Work to be Inspected/ Surveyed		
(3) Work Proposed after Approval of (2)		
(4) Remarks (if this is a re-submission state work carried out since last inspection/survey)		

REQUESTED BY : \_\_\_\_\_ TIME\*\*\* : \_\_\_\_\_  
DESIGNATION : \_\_\_\_\_ DATE \*\* : \_\_\_\_\_

---

Received by\* ☐ ER/ ☐ IOW TIME\*\*\* : \_\_\_\_\_ DATE\*\* : \_\_\_\_\_  
NAME : \_\_\_\_\_ SIGNED : \_\_\_\_\_  
Filled in by\* ☐ ER/ ☐ IOW NAME : \_\_\_\_\_  
Please arrange ☐ inspection/ ☐ check setting out\*  
SIGNED : \_\_\_\_\_ DATE\*\* : \_\_\_\_\_

---

Filled in by ☐ Inspector / ☐ Surveyor\*

Work outlined in (2) above has been ☐ inspected / ☐ surveyed\*. Permission to carry out proposed work outlined in (3) above is ☐ given / ☐ not given\* for the following reason(s):

This in no way limits or alters the Contractor's obligations under the Contract.  
Form is returned to the Contractor at time stated below.

SIGNED : \_\_\_\_\_ TIME\*\*\* : \_\_\_\_\_  
DESIGNATION : \_\_\_\_\_ DATE\*\* : \_\_\_\_\_  
# COUNTERSIGNED : \_\_\_\_\_ TIME\*\*\* : \_\_\_\_\_  
DESIGNATION : \_\_\_\_\_ DATE\*\* : \_\_\_\_\_

---

Received on behalf of Contractor by

NAME : \_\_\_\_\_ TIME\*\*\* : \_\_\_\_\_  
SIGNED : \_\_\_\_\_ DATE\*\* : \_\_\_\_\_

N.B. Top copy – E.R.  
Duplicate – Contractor  
\* Select where appropriate  
\*\* in format dd/mm/yyyy  
\*\*\* in format hh:mm  
# Countersigned by Resident Engineer 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 capture	PDF Form Description
ContractNumber	Contract No.
RequestNumber	Request No.
SubmissionType	This is a ..
PreviousRequestNumber	(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
RequestingPersonSignatureTime	Time
RequestingPersonTitle	Designation
RequestingPersonSignatureDate	Date
ReceivingPersonTitle	Received By
ReceivingPersonSignatureTime	Time
ReceivingPersonSignatureDate	Date
ReceivingPersonName	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

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(to be kept in a book)

[illegible]

\* in format dd/mm/yyyy

**[Der**

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

PDF e-form Object Name for data capture	PDF Form Description
ContractNumber	Contract No.
ConcreteGrade	Concrete Grade
Batching	Batching
CementBrand	Cement Brand
Additive	Additives
CoarseAggregationSource	Coarse Agg. Source
FineSource	Fines Source
FourConsecutiveTestRecord. Record.RequestNumber	Request Form No
FourConsecutiveTestRecord. Record.CastDate	Date of Cast
FourConsecutiveTestRecord. Record.Location	Location
FourConsecutiveTestRecord. Record.Slump	Slump (mm)
FourConsecutiveTestRecord. Record.ComplianceIndicator	Compliance (Y/N)
FourConsecutiveTestRecord. Record.TwentyEightDayResult. TestCertificateNumber	Test Certificate No
FourConsecutiveTestRecord. Record.TwentyEightDayResult. CubeMark	Cube Mark
FourConsecutiveTestRecord. Record.TwentyEightDayResult. TestDate	Date of Test
FourConsecutiveTestRecord. Record.TwentyEightDayResult. Age	Age (days)
FourConsecutiveTestRecord. Record.TwentyEightDayResult. Density	Density (kg/m <sup>3</sup> )
FourConsecutiveTestRecord. Record.TwentyEightDayResult. CompressiveStrength	Compressive Strength (N/mm <sup>2</sup> )
FourConsecutiveTestRecord. Record.TwentyEightDayResult. TestResult	Test Result
FourConsecutiveTestRecord. AverageFourConsecutiveResult	Average four consecutive results
FourConsecutiveTestRecord. StandardDeviation	Standard Deviation (N/mm <sup>2</sup> )
FourConsecutiveTestRecord. ComplianceCriteria	Compliance Criteria
FourConsecutiveTestRecord. ComplianceIndicator	Compliance (Y/N)
FourConsecutiveTestRecord. Remark	Remarks (Follow-up action)

### 3.15 WDD – 6.1 – 1.0 (Drainage Test)

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#### APPENDIX 7.2 DRAINAGE TESTING FORM

##### Testing of Gravity Pipelines for Drainage Works (GS Clause 5.101)

Location : [TestLocation] Date\*: [ReportDate]  
Internal Diameter of Pipe : D (m) [PipeInternalDiameter] Contract No : [ContractNumber]  
Length of Pipeline : L (m) [PipelineLength]

#### 1. AIR TEST (Test for Pipeline of all Diameter)

Initial water head in glass U tube : 100mm

Final water head in glass U tube : [AirTest\FinalWaterHead] mm (not less than 75mm is a pass)

Test duration\*\* : 5 mins. ( [AirTest\StartDateTime] to [AirTest\EndDateTime] )

#### 2. WATER TEST (Test for Pipeline of all Diameter)

Pipeline filled up with water at : [WaterTest\WaterLevel]

Pressure Head above the soffit of the pipe at the high / low end : [WaterTest\HighEndPressureHead] [WaterTest\LowEndPressureHead]

Test started at\*\*\* : [WaterTest\TestStartDateTime]

Test completed at\*\*\*: [WaterTest\TestEndDateTime]

[WaterTest\TimeDuration]

T : (mins.)

Permitted Leakage =  $D \times L \times T / 60$  litres

[WaterTest\PermittedLeakage] litres

[WaterTest\TotalAddedWater]

Amount of water added : litres

Time**	Time Elapsed (min)	Amount of water added (litre)
[WaterTest\TestRecord(0)\Time]		[WaterTest\TestRecord(0)\AddedWater]
[WaterTest\TestRecord(1)\Time]		[WaterTest\TestRecord(1)\AddedWater]
[WaterTest\TestRecord(2)\Time]		[WaterTest\TestRecord(2)\AddedWater]
[WaterTest\TestRecord(3)\Time]		[WaterTest\TestRecord(3)\AddedWater]
[WaterTest\TestRecord(4)\Time]		[WaterTest\TestRecord(4)\AddedWater]
[WaterTest\TestRecord(5)\Time]		[WaterTest\TestRecord(5)\AddedWater]
[WaterTest\TestRecord(6)\Time]		[WaterTest\TestRecord(6)\AddedWater]

Testing 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.)

#### 3. VISUAL INSPECTION (for Pipeline exceeding 900mm diameter)

[VisualInspection]

#### 4. INFILTRATION TEST (for Sewage Pipelines of all diameter BS 8005 : Part 1 Clause 13.6)

[InfiltrationTest]

#### 5. Remarks

[Remark]

Test Result : ☐ PASSED / ☐ FAILED

Recorded By : [RecordingPersonName]

[TestResultIndicator]

[ContractorSignature]

[EngineerRepresentativeName]

For ( [ContractorName] ) Contractor

For Engineer's Representative  
[EngineerRepresentativeSignature]

\* in format dd/mm/yyyy

\*\* in format hh:mm

\*\*\* in format dd/mm/yyyy hh:mm:ss

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

<b>PDF e-form Object Name for data capture</b>	<b>PDF Form Description</b>
TestLocation	Location
ReportDate	Date
ContracNumber	Contract No
PipeInternalDiameter	Internal Diameter of Pipe
PipelineLength	Length of Pipeline
<b>1. AIR TEST (Test for Pipeline of all Diameter)</b>	
AirTest.FinalWaterHead	Final water head in glass U tube
AirTest.StartDateTime	Test duration (Start)
AirTest.EndDateTime	Test duration (End)
<b>2. WATER TEST (Test for Pipeline of all Diameter)</b>	
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 Density Determination)

2006 Edition

#### APPENDIX 7.11 FIELD DENSITY DETERMINATION FORM

Test Request No. : [TestRequestNumber] Contract No. : [ContractNumber]  
Date\* test commenced [TestDate] Date\* test completed : [TestCompletionDate]  
Scope of test : a) Determination of the insitu bulk density and insitu dry density of soil by the sand replacement method suitable for [SandReplacementMethodSoilType] fine- and medium-grained / [PouringCylinderType] fine-, medium-and coarse grained soil (with [GeotechnicalEngineeringOfficeTestNumber] small / [PublicWorkLaboratoryTechnicalManual] large pouring cylinder in accordance with Test No. [C9.2.1 / C9.2.2 of GEO Report No. 36 (PWLTM SQL 8.1(a) / 8.1(b))]  
b) Determination of relative compaction of fill material in accordance with PWLTM SQL 8.6  
[C] is / [C] is not required. [RelativeCompactionDeterminationRequiredIndicator]

Weather and environment conditions at time of test: [WeatherEnvironmentCondition]

Pour [PouringCylinderNumber] cylindr [PouringCylinderDiameter]	Mass of sand	In cylinder before pouring, m <sub>i</sub> [InitialSandMass] In cone & tray opening, m <sub>f</sub> [ConeTrayOpeningSandMass]	Bulk density of sand [SandBulkDensity] (Mg/m <sup>3</sup> )
---	--------------	--	--

I.D. no. of sand storage container: [SandStorageContainerIdNumber]

Laboratory compaction test ref. No <sup>(1)</sup>	[SandDetermination\Record\LaboratoryCompactionTestReferenceNumber]
Lab test position no.	[SandDetermination\Record\LaboratoryTestPositionNumber]
Client test position no.	[SandDetermination\Record\ClientTestPositionNumber]
Container no.	[SandDetermination\Record\ContainerNumber]
Mass of container (g)	[SandDetermination\Record\ContainerMass]
Mass of soil excavated + container (g)	[SandDetermination\Record\ExcavatedSoilIncludingContainerMass]
Mass of remaining sand (g)	[SandDetermination\Record\RemainingSandMass]
Nature Assumed density Mass of particles retained on 37.5 mm sieve	
R <sub>c</sub> [SandDetermination\AssumedRetainingRockDensity]	[SandDetermination\Record\RetainingRockMass]
[SandDetermination\AssumedRetainingConcreteDensity]	[SandDetermination\Record\RetainingConcreteMass]
B <sub>i</sub> [SandDetermination\AssumedRetainingBrickDensity]	[SandDetermination\Record\RetainingBrickMass]
Nature Assumed density Cumulative Mass of particles retained on 20 mm sieve	
[SandDetermination\AssumedCumulativeRetainingRockDensity]	[SandDetermination\Record\CumulativeRetainingRockMass]
[SandDetermination\AssumedCumulativeRetainingConcreteDensity]	[SandDetermination\Record\CumulativeRetainingConcreteMass]
[SandDetermination\AssumedCumulativeRetainingBrickDensity]	[SandDetermination\Record\CumulativeRetainingBrickMass]

Moisture content determination: [MoistureContentDetermination\DryingTemperature] [MoistureContentDetermination\BalanceIdNumber]

Oven I.D. no. [MoistureContentDetermination\OvenIdNumber]	Drying temperature	Balance I.D. no.
Lab specimen no.	[MoistureContentDetermination\LaboratorySpecimenNumber]	
Container no.	[MoistureContentDetermination\ContainerNumber]	
Cycle of drying	Date/Time**	[MoistureContentDetermination\DryingCycle\InitialDateTime]
	Initial	
	Mass of container m <sub>i</sub> (g)	[MoistureContentDetermination\DryingCycle\ContainerMass]
	Mass of soil + Container m <sub>2</sub> (g)	[MoistureContentDetermination\DryingCycle\InitialSoilIncludingContainerMass]
	0.1% of soil mass (m <sub>2</sub> - m <sub>i</sub> ) / 1000 (g)	[MoistureContentDetermination\DryingCycle\ZeroPointOnePercentInitialSoilMass]
	Date/Time**	[MoistureContentDetermination\DryingCycle\FirstStageDateTime]
	1	
	Mass of soil + Container	[MoistureContentDetermination\DryingCycle\FirstStageSoilIncludingContainerMass]
	Date/Time**	[MoistureContentDetermination\DryingCycle\SecondStageDateTime]
	2	
	Mass of soil + Container	[MoistureContentDetermination\DryingCycle\SecondStageSoilIncludingContainerMass]
	Difference in successive weighing	[MoistureContentDetermination\DryingCycle\SecondStageSuccessiveWeighingDifference]
	Date/Time**	[MoistureContentDetermination\DryingCycle\ThirdStageDateTime]
	3	
	Mass of soil + Container	[MoistureContentDetermination\DryingCycle\ThirdStageSoilIncludingContainerMass]
	Difference in successive weighing	[MoistureContentDetermination\DryingCycle\ThirdStageSuccessiveWeighingDifference]
Final <sup>(2)</sup>	Mass of soil + Container m <sub>3</sub> (g)	[MoistureContentDetermination\DryingCycle\FinalSoilIncludingContainerMass]

[ ] Record Sheet of Drying Activities attached filename: [AttachmentFileName]

Notes [DryingActivityRecordSheetAttachedIndicator]

- (1) Control sample for Laboratory compaction test was checked in accordance with PWLTM SQL 8.6 by: [LaboratoryControlSampleCheckingPerson]  
(2) Final reading as transferred from the last records of drying activities if Record Sheet of Drying Activities, where appropriate.  
(3) \* in format dd/mm/yyyy \*\* in format dd/mm/yyyy hh:mm:ss

#### Remarks:

1. Calculation of test results should refer to the attached computer printout, where appropriate.

Tested by [TestingPersonSignature] Checked by [CheckingPersonSignature]  
Name [TestingPersonName] Name [CheckingPersonName]  
Post [TestingPersonTitle] Post [CheckingPersonTitle]  
Date\* [TestingPersonSignatureDate] Date\* [CheckingPersonSignatureDate]

PWL SOL 8.1(A)/W AUG 2003



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

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
RelativeCompactionDeterminationRequiredIndicator	b) Determination of ....with PWLTN SQL 8.6
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\AssumedRetainingRockDensity	Desity Rock
SandDetermination\AssumedRetainingConcreteDensity	Concrete
SandDetermination\AssumedRetainingBrickDensity	Brick
SandDetermination\CumulativeRetainingRockNature	Nature Rock
SandDetermination\CumulativeRetainingConcreteNature	Concrete
SandDetermination\CumulativeRetainingBrickNature	Brick
SandDetermination\AssumedCumulativeRetainingRockDensity	Desity Rock
SandDetermination\AssumedCumulativeRetainingConcreteDensity	Concrete
SandDetermination\AssumedCumulativeRetainingBrickDensity	Brick
SandDetermination\Record\LaboratoryCompactionTestReferenceNumber	Laboratory Compaction Test Ref. No.
SandDetermination\Record\LaboratoryTestPositionNumber	Lab Test Position No
SandDetermination\Record\ClientTestPositionNumber	Client Test Position No
SandDetermination\Record\ContainerNumber	Container No.
SandDetermination\Record\ContainerMass	Mass of Container

SandDetermination\Record\ExcavatedSoilIncludingContainerMass	Mass of Excavated + Container
SandDetermination\Record\RemainingSandMass	Mass of Remaining Sand
SandDetermination\Record\RetainingRockMass	Mass of particles retained on 37.5 mm sieve Rock
SandDetermination\Record\RetainingConcreteMass	Concrete
SandDetermination\Record\RetainingBrickMass	Brick
SandDetermination\Record\CumulativeRetainingRockMass	Cumulative Mass of particles retained on 20 mm sieve Rock
SandDetermination\Record\CumulativeRetainingConcreteMass	Concrete
SandDetermination\Record\CumulativeRetainingBrickMass	Brick
MoistureContentDetermination	
MoistureContentDetermination\OvenIdNumber	Oven I.D. No.
MoistureContentDetermination\DryingTemperature	Drying temperature
MoistureContentDetermination\BalanceIdNumber	Balance I.D. No.
MoistureContentDetermination\LaboratorySpecimenNumber	Lab Specimen No.
MoistureContentDetermination\ContainerNumber	Container No.
MoistureContentDetermination\DryingCycle\InitialDateTime	Initial Date/Time
MoistureContentDetermination\DryingCycle\ContainerMass	Initial Mass of Container
MoistureContentDetermination\DryingCycle\InitialSoilIncludingContainerMass	Initial Mass of Soil + Container
MoistureContentDetermination\DryingCycle\ZeroPointOnePercentInitialSoilMass	Initial 0.1 % of Soil mass
MoistureContentDetermination\DryingCycle\FirstStageDateTime	1 Date/Time
MoistureContentDetermination\DryingCycle\FirstStageSoilIncludingContainerMass	1 Mass of Soil + Container
MoistureContentDetermination\DryingCycle\SecondStageDateTime	2 Date/Time
MoistureContentDetermination\DryingCycle\SecondStageSoilIncludingContainerMass	2 Mass of Soil + Container
MoistureContentDetermination\DryingCycle\SecondStageSuccessiveWeighingDifference	2 Difference in Successive Weighing
MoistureContentDetermination\DryingCycle\ThirdStageDateTime	3 Date/Time
MoistureContentDetermination\DryingCycle\ThirdStageSoilIncludingContainerMass	3 Mass of Soil + Container
MoistureContentDetermination\DryingCycle\ThirdStageSuccessiveWeighingDifference	3 Difference in Successive Weighing
MoistureContentDetermination\DryingCycle\FinalSoilIncludingContainerMass	Final (3) Mass of Soil + Container 3
DryingActivityRecordSheetAttachedIndicator	Record Sheet of Drying Activities attached.

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

### APPENDIX 7.12 SOIL COMPACTION TEST SUMMARY FORM

☐ Fill Slope   ☐ Road Formation   ☐ Other[Record\UndergroundDepth]

[Record\InsituDry

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

PDF e-form Object Name for data capture	PDF Form Description
ContractNumber	Contract No
- TestStartDate	Period
- TestEndDate	To
TestLocationType	Fill Slope/Road/
OtherTestLocationTypeSpecification	Fill (Other)
Record.TestDate	Date of Test
Record.WorksLocation	Location in the Works
Record.UndergroundDepth	Depth below surface (m)
<b>Test Results</b>	
Record.InsituDryDensity	+ In-situ dry density (Mg/m <sup>3</sup> )
Record.MaximumDryDensity	# Max. dry density (Mg/m <sup>3</sup> )
Record.RelativeCompaction	Relative Compaction (%)
Record.Remark	Remarks

#### APPENDIX 7.14 TENSIONING RECORD FORM FOR PRESTRESSED STRUCTURE

Date\* Cast Date\* of tensioning/transfer

Sketch

Open Image

### Tensioning Record

[Ca

--

\* in format dd/mm/yyyy

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

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

[illegible]



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

PDF e-form Object Name for data capture	PDF Form Description
ContractNumber	Contract No.
TestDate	Date
TestNumber	Test No
<b>Location (refer to attached sketch)</b>	
Record.Date	Date
Record.StartLocation	From
Record.EndLocation	To
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. :
2. Project Title :
3. Name of Consultant/A.P./Engineer :
4. Name of Main Contractor :
5. Approx. Value of Bearings (including installation cost) : HK\$
6. Approx. Value of Expansion Joints (including installation cost): HK\$
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

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

[illegible]

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

Prepared By :

Signed : 

Name :

Post : ▼ <sup>\*</sup>

(\* Select where appropriate)

Date \*\* :

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 designed.
5. 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 Joint
• Strip Bearing	• CIPEC Wd110	• Onflex 25 with Aluminium Panel
• Laminated Bearing	• CIPEC Wd160	• Onflex 25 with Elaston Panel
• Plain Pad Bearing	• CIPEC Wd230	• Onflex 35 with Aluminium Panel
• Mechanical Bearing : Reston	• CIPEC WP180	• Onflex 45 with Aluminium Panel
• Mechanical Bearing : Maurer-Spherical	• CIPEC W50	• SHO-BOND A-1
• Mechanical Bearing : Maurer-Pot	• CIPEC W110	• SHO-BOND A-2
• Mechanical Bearing : PSC Disc ( Pot )	• CIPEC W160	• SHO-BOND A-3
• Elastomeric Bearing :	• CIPEC W200	• SHO-BOND New Cut-off Joint
• Reinforced Elastomeric	• CIPEC W250	• WABO Modular Joint
• Elastomeric Sliding	• CIPEC WOSd	• WABO Stripseal System
• Laminated and Pain Rubber	• Compression Sealant	• WSF Series of Expansion Joint
• Lasto Elastomeric Bearing	• Compressive Rubber	• WSL-VSL
• Rubber-Metal-Technik (M)	• Felspan Expansion Joint	• ZEBRAFLEX Bridge Joint
SDN BHD	• FREYSSI P30 Joint	• Other (please specify)
• Other (please specify)	• FREYSSI P50 Joint	
	• FREYSSI P80 Joint	
	• Glacier GBM Series Expansion Joint	

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

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

PDF e-form Object Name for data capture	PDF Form Description
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
<b>7. Details of Bearings</b>	
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
<b>8. Details of Expansion Joints</b>	
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
<b>Prepared By</b>	
PreparedByPersonName	Prepared By
PreparingPersonSignature	Signed
PreparingPersonName	Name
PreparingPersonTitle	Post
PreparingPersonSignatureDate	Date

### 3.21 WDD – 7.0 – 1.0 (Site Instruction)

2006 Edition			
APPENDIX 7.5		SITE INSTRUCTION FORM	
SITE INSTRUCTION			
CONTRACT NO.			
FROM		TO	
SITE INSTRUCTION NO.		DATE*	
FILE REF.		COPIES	
<div style="color: blue; font-weight: bold; font-size: 1.2em;">[Sender]</div>			
<div style="color: blue; font-weight: bold; font-size: 1.2em;">[SiteInstructionNumber]</div>			
Drawing/sketch attached : _____			
<div style="color: blue; font-weight: bold; font-size: 1.2em;">[FileReference]</div>			
<div style="border-top: 1px solid black; width: 150px; margin: 0 auto;"></div> Engineer's Representative			
Received by :			
<div style="border-top: 1px solid black; width: 150px; margin: 0 auto;"></div> Contractor's Representative			
NB :    Top copy - White   - File Record Duplicate - Yellow   - Contractor Triplicate - Green   - Remain in book * in format dd/mm/yyyy ** in format hh:mm:ss		<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">             Date* : <div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div> </div> <div style="text-align: center;">             Time ** : <div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div> </div> </div>	

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

<b>PDF e-form Object Name for data capture</b>	<b>PDF Form Description</b>
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

[illegible]



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

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
<b>Labour</b>	
LabourRecord.LabourCount.Trade	Trade
-LabourRecord.FirstWorksSectionCount -LabourRecord.SecondWorksSection -LabourRecord.ThirdWorksSection	Sections of the Works
LabourRecord.LabourCount. WholeCount	Whole
LabourRecord.LabourCount. SupplementaryInformation	Supplementary information
-LabourRecord.TotalFirstWorksSectionCount -LabourRecord.TotalSecondWorksSectionCount -LabourRecord.TotalThirdWorksSectionCount -LabourRecord.TotalWholeCount - LabourRecord.TotalCountSupplementaryInforma tion	Total
ActivityDescription1	Brief Description of Activities Plant & Labour Being Used
Remark1	Remarks
ContractorInstruction1	Instructions to Contractor
ContractorRepresentativeComment1	Comments by Contractors's Representative
<b>Plant</b>	
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

### 3.23 WDD – 8.1 – 1.0 (Increment Weather Report)

2006 Edition

## APPENDIX 7.4 INCLEMENT WEATHER REPORT FORM

Contract No. \_\_\_\_\_ Date\*: \_\_\_\_\_

1. Rainfall recorded by the nearest raingauge maintained by the Hong Kong Observatory within 24 hours ending 12:00 midnight: \_\_\_\_\_ mm

2. Records of weather conditions and Works affected (see below for legends):

Time	a.m.	10	11	12	noon	1	2	3	p.m.	4	5	6	7
Weather condition													
Works affected													

3. Number of workers: \_\_\_\_\_ (a.m.) / \_\_\_\_\_ (p.m.)

4. Proposed activities: 

[ContractNumber]

5. Actual activities:

6. Was the work on the critical path of the works programme? ☐ YES / ☐ NO

7. Was the Contractor ready to work had weather conditions been favourable? ☐ YES / ☐ NO

8. Were delays caused by any other reasons? ☐ YES / ☐ NO  
(If YES, state the reasons in "Remarks") [InclementWeatherRecord\Record\Time]

9. Did the Contractor take any measures to minimize the effects of the inclement weather? ☐ YES / ☐ NO

10. How long did it take to tidy up afterwards? ☐ hours / ☐ days  
[InclementWeatherRecord\Record\WeatherCondition]

11. Remarks:

No. of day(s)

Contractor's claim [InclementWeatherRecord\Record\AffectedWorks]

Recommendation

Initial

REMARK [MorningWorkerCount]

REMARK

Prepared by: \_\_\_\_\_

Designation: \_\_\_\_\_

Legend:   
Weather conditions  
 L - Light rain  
 H - Heavy rain  
 S - Strong wind  
 O - Others to be specified

Countersigned by: \_\_\_\_\_

Designation: \_\_\_\_\_

Works affected  
 A - Slightly affected  
 B - Seriously affected  
 C - All works stopped

\* in format dd/mm/yyyy

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

PDF e-form Object Name for data capture	PDF Form Description
ContractNumber	Contract No
Date	Date
RecordedRainfall	mm
InclementWeatherRecord.Record.Time	Time
InclementWeatherRecord.Record.WeatherCondition	Weather condition
InclementWeatherRecord.Record.AffectedWorks	Works affected
MorningWorkerCount	Number of workers (am)
AfternoonWorkerCount	Number of workers (pm)
- ProposedActivity1 - ProposedActivity2	Proposed activities
- ActualActivity1 - ActualActivity2	Actual activities
CriticalPathWorkIndicator	Was the work on the critical path of the works programme?
FavourableWeatherConditionReadyWorkIndicator	Was the Contractor ready to work had 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 - TidyDurationUnitCode	How long did it take to tidy up afterwards?
- Remark1 - Remark2	Remarks
<b>No. of day(s)</b>	
ContractorClaim	Contractor's claim
RecommendedClaim	Recommendation
<b>Initial</b>	
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)

2006 Edition

#### APPENDIX 7.6 DAYWORKS DAILY RECORD FORM

Contract No. [ContractNumber] Site Instruction No. [SiteInstructionNumber]  
Date \*: [Date] Sheet No. [DocumentNumber]

Description and location of work

[WorkDescriptionLocation]
---------------------------

#### LABOUR

B.Q. Item	Trade of Labour	Total No.	Normal Working Time			Overtime		
			Working time	Hours per man	Total hours	Working time	Hours per man	Total hours
[LabourRecord\BqItemNumber]	[LabourRecord\LabourTrade]	[LabourRecord\TotalLabourCount]	[LabourRecord\NormalWorkingTime\WorkingTime]		[LabourRecord\NormalWorkingTime\TotalHour]	[LabourRecord\Overtime\WorkingTime]		[LabourRecord\Overtime\TotalHour]

#### PLANT

B.Q. Item	Description of Plant	Total No.	Working time	Hours per plant	Additional Hours (for plant specially brought on Site)	Total hours
[PlantRecord\BqItemNumber]	[PlantRecord\PlantDescription]	[PlantRecord\TotalPlantCount]	[PlantRecord\WorkingTime]		[PlantRecord\AdditionalHour]	[PlantRecord\TotalHour]

#### MATERIAL

B.Q. Item	Description of Material	Unit	Quantity
[MaterialRecord\BqItemNumber]	[MaterialRecord\MaterialDescription]	[MaterialRecord\UnitCode]	[MaterialRecord\Quantity]

Record agreed by : [AgreeingPersonName] Submitted by : [SubmittingPersonName]  
Designation : [AgreeingPersonTitle] Designation : [SubmittingPersonTitle]

N.B. Top copy - White - Daily Record  
Duplicate - Yellow - Contractor's copy  
Triplicate - Green - I.P. File copy  
\* in format dd/mm/yyyy

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

PDF e-form Object Name for data capture	PDF Form Description
ContractNumber	Contract No
Date	Site Instruction No
SiteInstructionNumber	Date
DocumentNumber	Sheet No
- WorkDescriptionLocation1 - WorkDescriptionLocation2	Description and location of work
<b>LABOUR</b>	
LabourRecord.BqItemNumber	B.Q Item
LabourRecord.LabourTrade	Trade of Labour
LabourRecord.TotalLabourCount	Total No
<b>Normal Working Time</b>	
LabourRecord.NormalWorkingTime. WorkingTime	Working Time
LabourRecord.NormalWorkingTime. ActualWorkHour	Hours per man
LabourRecord.NormalWorkingTime. TotalHour	Total Hours
<b>Overtime</b>	
LabourRecord.Overtime.WorkingTime	Working Time
LabourRecord.Overtime.ActualWorkHour	Hours per man
LabourRecord.Overtime.TotalHour	Total Hours
<b>PLANT</b>	
PlantRecord.BqItemNumber	B.Q Item
PlantRecord.PlantDescription	Description of Plant
PlantRecord.TotalPlantCount	Total No
PlantRecord.WorkingTime	Working Time
PlantRecord.ActualWorkHour	Hours per Plant
PlantRecord.AdditionalHour	Additional Hours
PlantRecord.TotalHour	Total Hours
<b>MATERIAL</b>	
MaterialRecord.BqItemNumber	B.Q Item
MaterialRecord.MaterialDescription	Description of Material
MaterialRecord.UnitCode	Unit
MaterialRecord.Quantity	Quantity
AgreeingPersonName	Record agreed by
AgreeingPersonTitle	Designation (Record Agreed By)
SubmittingPersonName	Submitted by
SubmittingPersonTitle	Designation (Submitted by)

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

[illegible]

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

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 -WorkDescriptionLocation2	Description and location of work
CertifyingPersonName	Certified by
CertifyingPersonTitle	Designation (Certified)
ApprovingPersonName	Approved by
ApprovingPersonTitle	Designation (Approved)
<b>LABOUR</b>	
LabourMonthlySummary.Record.ItemNumber	Item No
LabourMonthlySummary.Record.Class	Class
<b>Daily Hours</b>	
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.TwentyNinthDayHour	29
LabourMonthlySummary.Record.ThirtiethDayHour	30
LabourMonthlySummary.Record.ThirtyFirstDayHour	31
LabourMonthlySummary.Record.TotalHour	Total Hour
LabourMonthlySummary.Record.Rate	Rate
<b>Amount</b>	
LabourMonthlySummary.Record.AmountDollar	\$

PDF e-form Object Name for data capture	PDF Form Description
LabourMonthlySummary.Record.AmountCents	C
LabourMonthlySummary.TotalCost	Total Labour Cost
<b>PLANT</b>	
PlantMonthlySummary.Record.ItemNumber	Item No
PlantMonthlySummary.Record.Class	Class
<b>Daily Hours</b>	
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
PlantMonthlySummary.Record.FourteenthDayHour	14
PlantMonthlySummary.Record.FifteenthDayHour	15
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
<b>Amount</b>	
PlantMonthlySummary.Record.AmountDollar	\$
PlantMonthlySummary.Record.AmountCents	C
PlantMonthlySummary.TotalCost	Total Plant Cost
<b>MATERIAL</b>	
MaterialMonthlySummary.Record.ItemNumber	Item No
MaterialMonthlySummary.Record.Date	Date
MaterialMonthlySummary.Record.Description	Description
<b>Amount</b>	
MaterialMonthlySummary.Record.AmountDollar	\$
MaterialMonthlySummary.Record.AmountCents	C
MaterialMonthlySummary.Record	Total Material Cost





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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
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\DigitalSignature	Signature
InvestigatingPersionDesignation\SignatureDateTime	Date and Time
OtherDesignation	Part C Counter-signing Person Information
OtherDesignation\Name	Name
OtherDesignation\Title	Title
OtherDesignation\DigitalSignature	Signature
OtherDesignation\SignatureDateTime	Date and Time

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

Contract No.: [ContractNumber]				
Contract Title: [ContractTitle]				
<b>Contractor's Request for Information</b>				
To: [ToRecipient]				
Submission Ref. No. [RequestReferenceNumber]			Date: [RequestDate]	
Subject: [RequestSubject]				
Specification Reference: [SpecificationReference]				
Drawing Reference: [DrawingReference]				
Information Requested:				
[RequestedInformation]				
[AttachmentDetail]				
Attachment: [AttachmentIndicator]	Filename	Description	Filename	Description
	[AttachmentFileName]	[AttachmentDescription]		
The information is required on/before [RequiredOnOrBeforeDate]				
Prepared by: [PreparedBy]				
Requested by:			Acknowledge Receipt with Date:	
From: [FromRequestor]			Name: [AcknowledgeReceiptPersonName]	
Name: [RequestPersonName]			Title: [AcknowledgeReceiptPersonTitle]	
Signature: [RequestPersonSignature]			Signature: [AcknowledgeReceiptPersonSignature]	
Date: [RequestPersonSignDate]			Date: [AcknowledgeReceiptDate]	

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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
ContractNumber	Contract No.
ContractTitle	Contract Title
ToRecipient	To
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]																													
<b>ENGINEER'S RESPONSE TO THE CONTRACTOR'S REQUEST FOR INFORMATION (RFI)</b>																													
Contractor Request Ref. No.: [ContractorRequestReferenceNumber]																													
Subject: [Subject]																													
Specification Reference: [SpecificationReference]																													
Drawing Reference:  [DrawingReference]																													
Our Reference: [OurReference]																													
Information Requested by Contractor:  [InformationRequestedByContractor]																													
Engineer's Response:  [EngineerResponse]																													
Please be advised that your query of this RFI is considered as:																													
[RFICode]	<input type="checkbox"/> A) Query is responded as above.																												
	<input type="checkbox"/> B) Query not justifiable, information can be found in Contract Specification.																												
	<input type="checkbox"/> C) Query not justifiable, information can be found in Drawings.																												
	<input type="checkbox"/> D) Query not justifiable, information as queried as in face self-sufficient.																												
	<input type="checkbox"/> E) Query not justifiable, as query described is unclear and/or irrelevant.																												
	<input type="checkbox"/> F) Query not justifiable; please refer to my comments as described above.																												
Signed by: [ResponseSignature]																													
<table border="1"> <thead> <tr> <th colspan="4">Distribution</th> </tr> <tr> <th>Name</th> <th>Info</th> <th>Comments</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>[Person]</td> <td><input type="checkbox"/></td> <td>[Comments]</td> <td>[Action]</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table>		Distribution				Name	Info	Comments	Action	[Person]	<input type="checkbox"/>	[Comments]	[Action]		<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>		
Distribution																													
Name	Info	Comments	Action																										
[Person]	<input type="checkbox"/>	[Comments]	[Action]																										
	<input type="checkbox"/>																												
	<input type="checkbox"/>																												
	<input type="checkbox"/>																												
	<input type="checkbox"/>																												
Name: [ResponsePerson]																													
Date: [ResponseDate]																													
[InformationIndicator]																													
[DistributionList]																													

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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
ContractNumber	Contract No.
ContractTitle	Contract Title
ToRecipient	To
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)

 <b>Public Works Laboratories</b> Geotechnical Engineering Office, Hong Kong		<b>For laboratory use only</b> Collection Request No. (CRN) [CollectionRequestNumber] Test Request No. (TRN) [TestRequestNumber]	
<b>TESTING REQUEST FOR INSITU SOIL TESTING</b> (Please read guidance notes attached prior to completion of this form)			
Account No. (if available) [AccountNumber]		Client Test Request Ref. No. [ClientTestRequestReferenceNumber]	
(Please provide the following project information if account no. is not available) Client (Works Dept/Office) [Client] Contract No. [ContractNumber] [AccountInfoContent] Job Title [JobTitle] Job No. [JobNumber] Work/Site Location [WorkSiteLocation]			
<b>Test requested (Select appropriate box)</b> <input type="checkbox"/> Test No. 9.2.1 of GEO Report No. 36 (1994 Edition) [TestRequestedName] <input type="checkbox"/> Test Method 11.1 of Geospec 3 <input type="checkbox"/> Test No. 9.2.2 of GEO Report No. 36 (1994 Edition) [TestRequestedName] <input type="checkbox"/> Test Method 11.2 of Geospec 3 <input type="checkbox"/> Appendix 6.3 of GS for Civil Engineering Works 1992 [TestRequestedName] <input type="checkbox"/> Test Method 11.3 of Geospec 3 <input type="checkbox"/> BS1377:Part 9: [TestRequestedName] <input type="checkbox"/> Clause 6.687 [TestRequestedName] Clause 9.44 of GS for Civil Engineering Works 1992 <input type="checkbox"/> Test Method 11 [TestRequestedName] <input type="checkbox"/> Test No. 4.3.3A/ 4.3.3B/ 4.3.4A/ 4.3.4B of GEO Report 36 (1994 Edition) [TestRequestedName] <input type="checkbox"/> Test 13 of BS1377 [TestRequestedName] <input type="checkbox"/> Test Method 10.1/ 10.2/ 10.3/ 10.4/ 10.5/ 10.6/ 10.7/ 10.8 of Geospec 3 <input type="checkbox"/> Others (please [Others]) [OtherDescription]		<b>Description of test</b> Determination of In-situ Bulk Density and In-situ Dry Density of soil by sand replacement method suit [DeterminationOfSoilWithSmallPouringCylinderContentInfo] medium grained soil (with small pouring cylinder). GSP 11.1 Determination of In-situ Bulk Density and In-situ Dry Density of soil by sand replacement method suit [DeterminationOfSoilWithLargePouringCylinderContentInfo] and coarse-grained soil (with large pouring cylinder). GSP 11.2 Determination of In-situ Bulk Density of soil by Nuclear Density Gauge. [DeterminationOfSoilByNuclearDensityGaugeContentInfo] GSP [TestRequestedContent] Determination of in-situ California I [DeterminationOfIn-situCaliforniaBearingRatioContentInfo] GSP 9.2 Determination of Relative Compaction of fill [DeterminationOfRelativeCompactionContentInfo] GSP 11.4 SOL 4.1 Additional Proctor Test, where appropriate. [AdditionalProctorTestContentInfo] GSP 10.1 to 10.8	
<b>Sample details:-</b> Sampling/Testing location <sup>(1)</sup> : [SamplingOrTestingLocation]		Location of borrow area of fill (if known) <sup>(2)</sup> : [LocationOfBorrowArea] Location plan of test position (Plan reference no.: [LocationPlanReferenceNumber]) [PlanProvided] ) [ ] was [ ] was not provided by client.	
Test position No. (3) [TestPositionNumber] Grid references/Chainage [GridReferences] Level [Level] Offset [Offset] Additional information (4) [AdditionalInformation]		[SampleDetailsRecordContent] [SampleDetailsContent]	
<b>Other information/requirement:-</b> Oven-drying temperature of sample shall be: [ ] 45+/-5C [ ] 125+/-5C Microwave Oven. Preliminary test result [ ] is [ ] is not required. If require, please state Fax no.:- [PreliminaryTestResultFaxNumber]		[OvenDryTemperature] [PreliminaryTestResult]	
<b>Testing location can be shown on site by :-</b> Signature : [ShownBySignature] Name : [ShownByName] Post/Affiliation : [ShownByPost] Tel. No. : [ShownByTelephoneNumber] Fax No. : [ShownByFaxNumber] Date : [ShownByDate]		<b>Test(s) requested by (2) :-</b> Signature : [RequestedBySignature] Name : [RequestedByName] Post/Affiliation : [RequestedByPost] Tel. No. : [RequestedByTelephoneNumber] Fax No. : [RequestedByFaxNumber] Date : [RequestedByDate]	
Fill in the box below the name and address to which the test certificate(s) should be sent or else mark [ ] "To be collected" if the client requests to collect the certificate(s) from the laboratory in person.		[AuthorizationContent]	
Name : [DeliveryName] Address : [DeliveryAddress]		[ToBeCollected] [ToBeDeliveredContent]	

C Eng D (GEO) 2511 (Sheet 1 of 2) Jul 2007


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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
AccountInfoContent\ClientTestRequestReferenceNumber	Client 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\DeterminationOfSoilWithSmallPouringCylinderContentInfo	Determination of In-situ Bulk Density ... (with small pouring cylinder)
TestRequestedContent\DeterminationOfSoilWithLargePouringCylinderContentInfo	Determination of In-situ Bulk Density ... (with large pouring cylinder)
TestRequestedContent\DeterminationOfSoilByNuclearDensityGaugeContentInfo	Determination of In-situ Bulk Density ... by Nuclear Density Gauge
TestRequestedContent\DeterminationOfIn-situCaliforniaBearingRatioContentInfo	Determination of in-situ California ...
TestRequestedContent\DeterminationOfRelativeCompactionContentInfo	Determination of Relative Compaction ...
TestRequestedContent\AdditionalProctorTestContentInfo	Additional Proctor Test, where appropriate.
TestRequestedContent\Others	Others (please specify)
TestRequestedContent\OtherDescription	
SampleDetailsContent	Sample details:-
SampleDetailsContent\SamplingOrTestingLocation	Sampling/Testing location
SampleDetailsContent\LocationOfBorrowArea	Location of borrow area of fill (if known)(2) :
SampleDetailsContent\LocationPlanReferenceNumber	Location plan of test position (Plan reference no.):
SampleDetailsContent\PlanProvided	was not provided by client.
SampleDetailsContent\SampleDetailsRecordContent\TestPositionNumber	Test position No.
SampleDetailsContent\SampleDetailsRecordContent\GridReferences	Grid references/Chainage
SampleDetailsContent\SampleDetailsRecordContent\Level	Level
SampleDetailsContent\SampleDetailsRecordContent\Offset	Offset
SampleDetailsContent\SampleDetailsRecordContent\AdditionalInformation	Additional information
OtherInfoContent	Other information/requirement:-
OtherInfoContent\OvenDryTemperature	Oven-drying temperature of sample shall be:
OtherInfoContent\PreliminaryTestResult	Preliminary test result
OtherInfoContent\PreliminaryTestResultFaxNumber	If require, please state Fax No.:-



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 eNumber	Tel. No.
AuthorizationContent\RequestedByFaxNum ber	Fax No.
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)

 <b>Public Works Laboratories</b> Geotechnical Engineering Office, Hong Kong		<div style="border: 1px solid black; padding: 2px;"> <b>For laboratory use only</b> </div> <div style="border: 1px solid black; padding: 2px;">           Collection Request No. (CRN) <span style="float: right;">[CollectionRequestNumber]</span>            Test Request No. (TRN) <span style="float: right;">[TestRequestNumber]</span> </div>	
TESTING REQUEST FOR BITUMINOUS MATERIALS			
Account No. (if available) <span style="float: right;">[AccountNumber]</span>		Client Test Request Ref. No. <span style="float: right;">[ClientTestRequestReferenceNumber]</span>	
(Please provide the following project information if account no. is not available)			
Client (Works Dept/Office) <span style="float: right;">[Client]</span>		Contract No. <span style="float: right;">[ContractNumber]</span>	
Job Title <span style="float: right;">[JobTitle]</span>		Job No. <span style="float: right;">[JobNumber]</span>	
Work/Site Location <span style="float: right;">[WorkSiteLocation]</span>			

Test requested (Select appropriate box)	Description of test	PWLTM No.
<input type="checkbox"/> ASTM D2172	Determination of bitumen content of bituminous paving materials by centrifuge extractor	BIT 3.1
<input type="checkbox"/> ASTM D2172 <span style="float: right;">[TestRequestedName]</span>		[RecordD2172]
<input type="checkbox"/> ASTM C117-87 Procedure B and C136-84a	Determination of aggregate grading of bituminous paving materials with the following modifications:-	BIT 3.2
<input type="checkbox"/> ASTM C117 <span style="float: right;">[TestRequestedName]</span>	(a) BS sieves are used instead of ASTM sieves;	[RecordC117]
<input type="checkbox"/> ASTM C136-96a	(b) The sample mass is smaller than ASTM requirement;	BIT 3.3
	(c) The manner of hand sieving is in accordance with BS812:Section 103.1:1985	[TestRequestedContent]
<input type="checkbox"/> ASTM D2726-88	Determination of bulk specific gravity and density of compacted dense bituminous paving materials using saturated surface-dry specimens for specimens that contain moisture	BIT 3.4
<input type="checkbox"/> ASTM D2726 <span style="float: right;">[TestRequestedName]</span>		[RecordD2726]
<input type="checkbox"/> ASTM D2041-78	Determination of theoretical maximum S.G. (Rice's S.G.) of bituminous paving materials using Type A container, weighing in water method	BIT 3.5
<input type="checkbox"/> ASTM D2041 <span style="float: right;">[TestRequestedName]</span>		[RecordD2041]
<input type="checkbox"/> ASTM D3203	Determination of air void content of compacted bituminous paving materials	[RecordD3203]
<input type="checkbox"/> ASTM D3203 <span style="float: right;">[TestRequestedName]</span>		
<input type="checkbox"/> ASTM D6307	Determination of air void content of compacted bituminous paving materials	[RecordD6307]
<input type="checkbox"/> ASTM D6307 <span style="float: right;">[TestRequestedName]</span>		
<input type="checkbox"/> ASTM D2172-ASTM D6307 <span style="float: right;">[TestRequestedName]</span>	Determination of total binder content of polymer modified bituminous paving materials in accordance with Appendix 9.2 of the Particular Specification for contract	[RecordD2172D6307]
<input type="checkbox"/> Others (please specify) <span style="float: right;">[Others]</span>	[OtherDescription]	

**Sample details:-**

Type of mixture : [TypeOfMixture] ; HyD mix ref. : [HyDMixReference]

Laying location : [LayingLocation]

Weight of bulk sample : [WeightOfBulkSample] kg ; Date of sampling & laying : [DateOfSamplingAndLaying]

Sample No. : [SampleNumber]

Presence of ☐ polymer / ☐ hydrated lime / ☐ fiber : ☐ Yes / ☐ No

For the bulk sample, please indicate whether the sample was obtained in accordance with ASTM D979: ☐ Yes / ☐ No / ☐ Uncertain

For the core sample, please indicate where reference Rice's S.G. should be obtained from:-  
 (e.g. Test Request No., Sample No., etc.) [RiceSGReferenceNumber]

Preliminary test results ☐ is / ☐ is not required. If required, please state Fax No.: [PreliminaryTestResultFaxNumber]

Notes :- (1) [PreliminaryTestResult] works supervisor grade officer or above.  
 (2) To be completed by a project inspectorate grade officer or above (or his delegate).

<b>Sample(s) delivery supervised by <sup>(1)</sup>:-</b> Signature : <span style="float: right;">[ShownBySignature]</span> Name : <span style="float: right;">[ShownByName]</span> Post/Affiliation : <span style="float: right;">[ShownByPost]</span> Tel. No. : <span style="float: right;">[ShownByTelephoneNumber]</span> Fax No. : <span style="float: right;">[ShownByFaxNumber]</span> Date : <span style="float: right;">[ShownByDate]</span>	<b>Test(s) requested by <sup>(2)</sup>:-</b> Signature : <span style="float: right;">[RequestedBySignature]</span> Name : <span style="float: right;">[RequestedByName]</span> Post/Affiliation : <span style="float: right;">[RequestedByPost]</span> Tel. No. : <span style="float: right;">[RequestedByTelephoneNumber]</span> Fax No. : <span style="float: right;">[RequestedByFaxNumber]</span> Date : <span style="float: right;">[RequestedByDate]</span>
---	---

Fill in the box below the name and address to which the test certificate(s) should be sent or else mark ☐ "To be collected" if the client requests to collect the certificate(s) from the laboratory in person.

Name : <span style="float: right;">[DeliveryName]</span>	<input type="checkbox"/> ToBeCollected
Address : <span style="float: right;">[DeliveryAddress]</span>	

[ToBeDeliveredContent]

C Eng D (GEO) 2112 Mar 2007

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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
AccountInfoContent\ClientTestRequestReferenceNumber	Client 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\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\DateOfSamplingAndLaying	Date of sampling & 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\PreliminaryTestResultFaxNumber	If require, please state Fax No.:-
AuthorizationContent\ShownBySignature	Signature
AuthorizationContent\ShownByName	Name
AuthorizationContent\ShownByPost	Post/Affiliation
AuthorizationContent\ShownByTelephoneNumber	Tel. No.
AuthorizationContent\ShownByFaxNumber	Fax No.
AuthorizationContent\ShownByDate	Date
AuthorizationContent\RequestedBySignature	Signature
AuthorizationContent\RequestedByName	Name
AuthorizationContent\RequestedByPost	Post/Affiliation

AuthorizationContent\RequestedByTelephoneNumber	Tel. No.
AuthorizationContent\RequestedByFaxNumber	Fax No.
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)

<b>Public Works Laboratories</b> Geotechnical Engineering Office, Hong Kong		<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">[LabInfoContent]</div> <div style="border: 1px solid black; padding: 2px;"> <b>For laboratory use only</b>          Collection Request No. (CRN) [CollectionRequestNumber]          Test Request No. (TRN) [TestRequestNumber]       </div>																																					
<b>TESTING REQUEST FOR AGGREGATES</b>																																							
Account No. (if available) [AccountNumber]		Client Test Request Ref. No. [ClientTestRequestReferenceNumber]																																					
(Please provide the following project information if account no. is not available)																																							
Client (Works Dept/Office) [Client]		Contract No. [ContractNumber]																																					
Job Title [JobTitle]		Job No. [JobNumber]																																					
Work/Site Location [WorkSiteLocation]																																							
<div style="display: flex; justify-content: space-between;"> <div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Test requested (Select appropriate box)</th> <th style="width: 60%;">Description of test</th> <th style="width: 20%;">PWLTM No.</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> BS812: Sect. 10 [TestRequestedName]</td> <td>Determination of particle size distribution of aggregate by sieve analysis</td> <td>AGG 1.1</td> </tr> <tr> <td><input type="checkbox"/> BS812: Part 1:1 [TestRequestedName]</td> <td>Determination of clay, slit &amp; dust content in fine or coarse aggregate by decantation</td> <td>AGG 1.4</td> </tr> <tr> <td><input type="checkbox"/> BS812: Section [TestRequestedName]</td> <td>Determination of aggregate particle shape (flakiness index)</td> <td>AGG 1.5</td> </tr> <tr> <td><input type="checkbox"/> BS812: Section [TestRequestedName]</td> <td>Determination of aggregate particle shape (elongation index)</td> <td>AGG 1.6</td> </tr> <tr> <td><input type="checkbox"/> BS812: Part 2:1 [TestRequestedName]</td> <td>Determination of relative densities &amp; water absorption of aggregate with normal size larger than 10mm using a wire mesh basket</td> <td>AGG 2.1(a)</td> </tr> <tr> <td><input type="checkbox"/> BS812: Part 2:1 [TestRequestedName]</td> <td>Determination of relative densities &amp; water absorption of aggregate with normal size not larger than 10mm using a pycnometer</td> <td>AGG 2.1(b)</td> </tr> <tr> <td><input type="checkbox"/> Appendix 5.2 Engineering W [TestRequestedName]</td> <td>Determination of the compaction [Bs812Part112AggregateImpactValue] or bed</td> <td>AGG 2.3</td> </tr> <tr> <td><input type="checkbox"/> BS812: Part 11 [TestRequestedName]</td> <td>Determination of aggregate impact value ( <input type="checkbox"/> dry / <input type="checkbox"/> [Bs812Part110AggregateCrushingValue] )</td> <td>3.1</td> </tr> <tr> <td><input type="checkbox"/> BS812: Part 11 [TestRequestedName]</td> <td>Determination of aggregate crushing value ( <input type="checkbox"/> standard size / <input type="checkbox"/> non-standard size )</td> <td>AGG 3.2</td> </tr> <tr> <td><input type="checkbox"/> BS812: Part 11 [TestRequestedName]</td> <td>Determination of aggregate ten per cent fines value ( <input type="checkbox"/> dry / <input type="checkbox"/> soaked; <input type="checkbox"/> standard size / <input type="checkbox"/> non-standard size )</td> <td>AGG 3.3</td> </tr> <tr> <td><input type="checkbox"/> Others (please [TestRequestedName])</td> <td>[OtherDescription]</td> <td></td> </tr> </tbody> </table> </div> <div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">[TestRequestedContent]</div> <div style="border: 1px solid black; padding: 2px;">[SampleDetailsInfo]</div> </div> </div>				Test requested (Select appropriate box)	Description of test	PWLTM No.	<input type="checkbox"/> BS812: Sect. 10 [TestRequestedName]	Determination of particle size distribution of aggregate by sieve analysis	AGG 1.1	<input type="checkbox"/> BS812: Part 1:1 [TestRequestedName]	Determination of clay, slit & dust content in fine or coarse aggregate by decantation	AGG 1.4	<input type="checkbox"/> BS812: Section [TestRequestedName]	Determination of aggregate particle shape (flakiness index)	AGG 1.5	<input type="checkbox"/> BS812: Section [TestRequestedName]	Determination of aggregate particle shape (elongation index)	AGG 1.6	<input type="checkbox"/> BS812: Part 2:1 [TestRequestedName]	Determination of relative densities & water absorption of aggregate with normal size larger than 10mm using a wire mesh basket	AGG 2.1(a)	<input type="checkbox"/> BS812: Part 2:1 [TestRequestedName]	Determination of relative densities & water absorption of aggregate with normal size not larger than 10mm using a pycnometer	AGG 2.1(b)	<input type="checkbox"/> Appendix 5.2 Engineering W [TestRequestedName]	Determination of the compaction [Bs812Part112AggregateImpactValue] or bed	AGG 2.3	<input type="checkbox"/> BS812: Part 11 [TestRequestedName]	Determination of aggregate impact value ( <input type="checkbox"/> dry / <input type="checkbox"/> [Bs812Part110AggregateCrushingValue] )	3.1	<input type="checkbox"/> BS812: Part 11 [TestRequestedName]	Determination of aggregate crushing value ( <input type="checkbox"/> standard size / <input type="checkbox"/> non-standard size )	AGG 3.2	<input type="checkbox"/> BS812: Part 11 [TestRequestedName]	Determination of aggregate ten per cent fines value ( <input type="checkbox"/> dry / <input type="checkbox"/> soaked; <input type="checkbox"/> standard size / <input type="checkbox"/> non-standard size )	AGG 3.3	<input type="checkbox"/> Others (please [TestRequestedName])	[OtherDescription]	
Test requested (Select appropriate box)	Description of test	PWLTM No.																																					
<input type="checkbox"/> BS812: Sect. 10 [TestRequestedName]	Determination of particle size distribution of aggregate by sieve analysis	AGG 1.1																																					
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<input type="checkbox"/> BS812: Part 2:1 [TestRequestedName]	Determination of relative densities & water absorption of aggregate with normal size not larger than 10mm using a pycnometer	AGG 2.1(b)																																					
<input type="checkbox"/> Appendix 5.2 Engineering W [TestRequestedName]	Determination of the compaction [Bs812Part112AggregateImpactValue] or bed	AGG 2.3																																					
<input type="checkbox"/> BS812: Part 11 [TestRequestedName]	Determination of aggregate impact value ( <input type="checkbox"/> dry / <input type="checkbox"/> [Bs812Part110AggregateCrushingValue] )	3.1																																					
<input type="checkbox"/> BS812: Part 11 [TestRequestedName]	Determination of aggregate crushing value ( <input type="checkbox"/> standard size / <input type="checkbox"/> non-standard size )	AGG 3.2																																					
<input type="checkbox"/> BS812: Part 11 [TestRequestedName]	Determination of aggregate ten per cent fines value ( <input type="checkbox"/> dry / <input type="checkbox"/> soaked; <input type="checkbox"/> standard size / <input type="checkbox"/> non-standard size )	AGG 3.3																																					
<input type="checkbox"/> Others (please [TestRequestedName])	[OtherDescription]																																						
<b>Sample details:-</b> Sampling location : [SamplingLocation] Source of material : [SourceOfMaterial] Samples taken by : [SamplesTakenBy]																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Type of material</th> <th style="width: 20%;">Client sample No.</th> <th style="width: 20%;">Sample mass</th> <th style="width: 40%;">Remarks</th> </tr> </thead> <tbody> <tr> <td>[TypeOfMaterial]</td> <td>[ClientSampleNumber]</td> <td>[SampleMass]</td> <td>[Remarks]</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <div style="text-align: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">[ObtainBS812Part1021989]</div> </div>				Type of material	Client sample No.	Sample mass	Remarks	[TypeOfMaterial]	[ClientSampleNumber]	[SampleMass]	[Remarks]																												
Type of material	Client sample No.	Sample mass	Remarks																																				
[TypeOfMaterial]	[ClientSampleNumber]	[SampleMass]	[Remarks]																																				
<b>Other information/requirement:-</b> Please indicate whether the sample was obtained in accordance with BS812:Part 102:1989: <input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Uncertain Certificate of sampling available: <input type="checkbox"/> Yes / <input type="checkbox"/> No / [CertificateAvailable] Preliminary test results <input type="checkbox"/> is / <input type="checkbox"/> is not required. If required, please state Fax No.: [PreliminaryTestResultFaxNumber] Notes :- (1) [PreliminaryTestResult] works supervisor grade officer or above. (2) To be completed by a project inspectorate grade officer or above (or his delegate).																																							
<b>Sample(s) delivery supervised by <sup>(1)</sup>:-</b> Signature : [ShownBySignature] Name : [ShownByName] Post/Affiliation : [ShownByPost] Tel. No. : [ShownByTelephoneNumber] Fax No. : [ShownByFaxNumber] Date : [ShownByDate]		<b>Test(s) requested by <sup>(2)</sup>:-</b> Signature : [RequestedBySignature] Name : [RequestedByName] Post/Affiliation : [RequestedByPost] Tel. No. : [RequestedByTelephoneNumber] Fax No. : [RequestedByFaxNumber] Date : [RequestedByDate]																																					
Fill in the box below the name and address to which the test certificate(s) should be sent or else mark <input type="checkbox"/> "To be collected" if the client requests to collect the certificate(s) from the laboratory in person.																																							
<table style="width: 100%;"> <tr> <td style="width: 50%;">Name : [DeliveryName]</td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> ToBeCollected       </td> </tr> <tr> <td colspan="2">Address : [DeliveryAddress]</td> </tr> </table> <div style="text-align: right; margin-top: 5px;">[ToBeDeliveredContent]</div>				Name : [DeliveryName]	<input type="checkbox"/> ToBeCollected	Address : [DeliveryAddress]																																	
Name : [DeliveryName]	<input type="checkbox"/> ToBeCollected																																						
Address : [DeliveryAddress]																																							

Z


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

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\ClientTestRequestReferenceNumber	Client 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\TestRequestedName	Test requested (Select appropriate box)
TestRequestedContent\Bs812Part112AAggregateImpactValue	Determination of aggregate impact value (
TestRequestedContent\Bs812Part112AAggregateCrushingValue	Determination of aggregate crushing value (
TestRequestedContent\Bs812Part111Sizing	Determination of aggregate ten per cent fines value
TestRequestedContent\Bs812Part111AggregateTenPercentFinesValue	
TestRequestedContent\OtherDescription	
SampleDetailsInfo	Sample details:-
SampleDetailsInfo\SamplingLocation	Sampling location
SampleDetailsInfo\SourceOfMaterial	Source of material
SampleDetailsInfo\SamplesTakenBy	Samples taken by
SampleDetailsInfo\SampleDetailsRecordContent\TypeOfMaterial	Type of material
SampleDetailsInfo\SampleDetailsRecordContent\ClientSampleNumber	Client sample No.
SampleDetailsInfo\SampleDetailsRecordContent\SampleMass	Sample mass
SampleDetailsInfo\SampleDetailsRecordContent\Remarks	Remarks
OtherInfoContent	Other information/requirement
OtherInfoContent\ObtainBS812Part1021989	BS812:Part 102:1989
OtherInfoContent\CertificateAvailable	Certificate of sampling available
OtherInfoContent\PreliminaryTestResult	Preliminary test results
OtherInfoContent\PreliminaryTestResultFaxNumber	If require, please state Fax No.:-
AuthorizationContent\ShownBySignature	Signature
AuthorizationContent\ShownByName	Name
AuthorizationContent\ShownByPost	Post/Affiliation
AuthorizationContent\ShownByTelephoneNumber	Tel. No.
AuthorizationContent\ShownByFaxNumber	Fax No.
AuthorizationContent\ShownByDate	Date
AuthorizationContent\RequestedBySignature	Signature
AuthorizationContent\RequestedByName	Name

AuthorizationContent\RequestedByPost	Post/Affiliation
AuthorizationContent\RequestedByTelephoneNumber	Tel. No.
AuthorizationContent\RequestedByFaxNumber	Fax No.
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)

	<b>Public Works Laboratories</b> Geotechnical Engineering Office, Hong Kong	<div style="text-align: right; font-size: small; margin-bottom: 5px;">[LabInfoContent]</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: left; font-weight: bold; font-size: small;">For laboratory use only</td> </tr> <tr> <td style="width: 60%; font-size: small;">Collection Request No. (CRN)</td> <td style="font-size: small;">[CollectionRequestNumber]</td> </tr> <tr> <td style="font-size: small;">Test Request No. (TRN)</td> <td style="font-size: small;">[TestRequestNumber]</td> </tr> </table>	For laboratory use only		Collection Request No. (CRN)	[CollectionRequestNumber]	Test Request No. (TRN)	[TestRequestNumber]
For laboratory use only								
Collection Request No. (CRN)	[CollectionRequestNumber]							
Test Request No. (TRN)	[TestRequestNumber]							

TESTING REQUEST FOR PAVING BLOCKS			
Account No. (if available) [AccountNumber]	Client Test Request Ref. No. [ClientTestRequestReferenceNumber]		
(Please provide the following project information if account no. is not available)			
Client (Works Dept/Office) [Client]	Contract No. [ContractNumber]	[AccountInfoContent]	
Job Title [JobTitle]	Job No. [JobNumber]		
Work/Site Location [WorkSiteLocation]			

Please test the accompanying sample according to PWLTM BRK 2.3 (based on Appendix 11.1 of GS for Civil Engineering Works 1992)

**Sample Details :**

Client Sample Ref. No. : [ClientSampleReferenceNumber]	
Sampling location : [SamplingLocation]	
Type of block : [TypeOfBlock]	
Source : [Source]	
Name of manufacturer : [NameOfManufacturer]	
Date of manufacturer : [DateOfManufacturer]	Age at test : [AgeAtTest] day
Nominal gross plan area : [NominalGrossPlanArea]	Nominal height : [NominalHeight] mm
Identification marks of blocks : [IdentificationMarksOfBlocks]	Grade of blocks : [GradeOfBlocks]

Remarks : [Remarks]

Notes :- (1) To be completed by a project works supervisor grade officer or above.  
(2) To be completed by a project inspectorate grade officer or above (or his delegate).

<b>Sample(s) delivery supervised by <sup>(1)</sup> :-</b> Signature : [ShownBySignature] Name : [ShownByName] Post/Affiliation : [ShownByPost] Tel. No. : [ShownByTelephoneNumber] Fax No. : [ShownByFaxNumber] Date : [ShownByDate]	<b>Test(s) requested by <sup>(2)</sup> :-</b> Signature : [RequestedBySignature] Name : [RequestedByName] Post/Affiliation : [RequestedByPost] Tel. No. : [RequestedByTelephoneNumber] Fax No. : [RequestedByFaxNumber] Date : [RequestedByDate]
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Fill in the box below the name and address to which the test certificate(s) should be sent or else mark ☐ "To be collected" if the client requests to collect the certificate(s) from the laboratory in person.

Name : [DeliveryName]	<input type="checkbox"/> [ToBeCollected]
Address : [DeliveryAddress]	

C Eng D (GEO) 2317 Mar 2006



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

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\ClientTestRequestReferenceNumber	Client 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	Sample Details :
SampleDetailsContent\ClientSampleReferenceNumber	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\NominalGrossPlanArea	Nominal gross plan area
SampleDetailsContent\NominalHeight	Nominal height
SampleDetailsContent\IdentificationMarksOfBlocks	Identification marks of blocks
SampleDetailsContent\GradeOfBlocks	Grade of blocks
SampleDetailsContent\Remarks	Remarks
AuthorizationContent\ShownBySignature	Signature
AuthorizationContent\ShownByName	Name
AuthorizationContent\ShownByPost	Post/Affiliation
AuthorizationContent\ShownByTelephoneNumber	Tel. No.
AuthorizationContent\ShownByFaxNumber	Fax No.
AuthorizationContent\ShownByDate	Date
AuthorizationContent\RequestedBySignature	Signature
AuthorizationContent\RequestedByName	Name
AuthorizationContent\RequestedByPost	Post/Affiliation
AuthorizationContent\RequestedByTelephoneNumber	Tel. No.
AuthorizationContent\RequestedByFaxNumber	Fax No.
AuthorizationContent\RequestedByDate	Date
ToBeDeliveredContent	Fil in the box below the name and address ...
ToBeDeliveredContent\ToBeCollected	“To be collected”
ToBeDeliveredContent\DeliveryName	Name
ToBeDeliveredContent\DeliveryAddress	Address

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

The form is a vertical rectangle with a black border. It contains several rectangular input fields of varying sizes, some with a wavy line at the bottom. The fields are arranged in a structured manner, with some grouped by purple brackets on the right side. The fields are labeled with blue text: [AccountNumber], [Client], [JobTitle], [WorkSiteLocation], [TestRequestedName], [OtherDescription], [NumberOfSpecimenT], [NumberOfSpecimenB], [SetNumber], [NominalSize], [Grade], and [SampleDescription].

[AccountNumber]

[Client]

[JobTitle]

[WorkSiteLocation]

[TestRequestedName]

[OtherDescription]

[NumberOfSpecimenT]

[NumberOfSpecimenB]

[SetNumber] [NominalSize] [Grade]

[SampleDescription]

<b>For laboratory use only</b>	
Collection Request No. (CRN)	[CollectionRequestNumber]
Test Request No. (TRN)	[TestRequestNumber]

**SAMPLE LABEL I. D. FORM**

Contract No. [ContractNumber]

Ref. No. [ClientTestRequestReferenceNumber]

[illegible][illegible]

Legend : T = Tensile test  
B = Bend test  
RB = Rebend test

C Eng D (GEO) 2403 (Sheet 2 of 2) Jul 2007

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


<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
AccountInfoContent\ClientTestRequestReferenceNumber	Client 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\TestRequestedName	Please test the accompanying reinforcement bar sample(s) ...
TestRequestedContent\OtherDescription	Others (Please specify)
SampleDetailsContent	Sample Details :
SampleDetailsContent\SampleDetailsRecordContent\SetNumber	Set No.
SampleDetailsContent\SampleDetailsRecordContent\NominalSize	Nominal size (mm).
SampleDetailsContent\SampleDetailsRecordContent\Grade	Grade.
SampleDetailsContent\SampleDetailsRecordContent\NumberOfSpecimenT	T
SampleDetailsContent\SampleDetailsRecordContent\NumberOfSpecimenB	B
SampleDetailsContent\SampleDetailsRecordContent\NumberOfSpecimenRB	RB
SampleDetailsContent\SampleDetailsRecordContent\BarPatternCode	Bar Pattern Code
SampleDetailsContent\SampleDetailsRecordContent\ClientSampleReferenceNumber	Client Sample Ref. No.
SampleDetailsContent\SampleDetailsRecordContent\HeatOrCastNumber	Heat/Cast No.
SampleDetailsContent\SampleDetailsRecordContent\SizeOfBatchInTonnes	Size of batch in tonnes
SampleDetailsContent\SampleDetailsRecordContent\NameOfStockistCompany	Name of Stockist Company
SampleDetailsContent\NumberOfCertificatesAttached	No(s) of corresponding mill certificate(s) attached.
SampleDetailsContent\Remarks	Remarks
AuthorizationContent\DeliverySupervisedBySignature	Signature
AuthorizationContent\DeliverySupervisedByName	Name
AuthorizationContent\DeliverySupervisedByPost	Post/Affiliation
AuthorizationContent\DeliverySupervisedByTelephoneNumber	Tel. No.
AuthorizationContent\DeliverySupervisedBy	Fax No.

FaxNumber	
AuthorizationContent\DeliverySupervisedBy Date	Date
AuthorizationContent\RequestedBySignature	Signature
AuthorizationContent\RequestedByName	Name
AuthorizationContent\RequestedByPost	Post/Affiliation
AuthorizationContent\RequestedByTelephone Number	Tel. No.
AuthorizationContent\RequestedByFaxNum ber	Fax No.
AuthorizationContent\RequestedByDate	Date
ToBeDeliveredContent	Fil in the box below the name and address ...
ToBeDeliveredContent\ToBeCollected	“To be collected”
ToBeDeliveredContent\DeliveryName	Name
ToBeDeliveredContent\DeliveryAddress	Address
SampleLabelIDInfo\SetNumber	Set No.
SampleLabelIDInfo\NominalSize	Nominal size (mm)
SampleLabelIDInfo\SampleLabelT	T
SampleLabelIDInfo\SampleLabelB	B
SampleLabelIDInfo\SampleLabelRB	RB

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

The diagram shows a form layout for 'Form 2404 - Request for Miscellaneous Steel Sample Testing Message'. It features several rectangular input fields and a large area for a signature. The fields are organized into groups indicated by purple brackets on the right side. The fields are labeled as follows:

- [AccountNumber]
- [Client]
- [JobTitle]
- [WorkSiteLocation]
- [Test]
- [YearOfTestStandard]
- [OriginalProductSizeW]
- [OriginalProductSizeD]
- [SampleDescription]
- [LabSampleNumber]
- [ClientSampleRefNumber]

	<b>Public Works Laboratories</b> Geotechnical Engineering Office, Hong Kong	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>For laboratory use only</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Account No.</td> <td style="width: 40%; border-bottom: 1px solid black;">[AccountNumber]</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date received</td> <td style="border-bottom: 1px solid black;">[DateReceived]</td> </tr> </table> </div>	Account No.	[AccountNumber]	Date received	[DateReceived]
Account No.	[AccountNumber]					
Date received	[DateReceived]					

**Estimate of Testing Requirements**

Date of contract commencement : [DateOfContractCommencement]
Date of estimated contract completion: [DateOfEstimatedContractCompletion]

Material	Type of test	Estimated date of testing commencement	Estimate of total sample number per six month period from the date testing commences						
			Months						
			1-6	7-12	13-18	19-24	25-30	31-36	Remainder
[MaterialName] Aggregates	[TypeOfTest]		[EstimatedTotalForMonth1-6]		[EstimatedTotalForMonth13-18]		[EstimatedTotalForMonth25-30]		[EstimatedTotalForRemainder]
Bituminous materials		[EstimatedDateOfCommencement]		[EstimatedTotalForMonth7-12]		[EstimatedTotalForMonth19-24]		[EstimatedTotalForMonth31-36]	
Concrete cubes and cores									
Soils (In-situ)									
Soils (Laboratory)									
Steel reinforcement									
Steel section/strand									
Others									

Notes :  
Please use the space below or separate sheet if insufficient space above, or for explanatory notes, special requests etc.

Requested by :-

Name : [RequestedByName]

Post : [RequestedByPost]

Tel. No. : [RequestedByTelephoneNumber]

Fax No. : [RequestedByFaxNumber]

Email : [RequestedByEmailAddress]

Signature : [RequestedBySignature]

Date : [RequestedByDate]


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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
AccountInfoContent\ClientTestRequestReferenceNumber	Client 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\Test	for
TestRequestedContent\TestType	test(s) in accordance with
TestRequestedContent\TestNumber	
TestRequestedContent\YearOfTestStandard	of the year
SampleDetailsContent	
SampleDetailsContent\SampleDetailsRecordInfo\LabSampleNumber	
SampleDetailsContent\SampleDetailsRecordInfo\ClientSampleRefNumber	Client Sample Ref. No.
SampleDetailsContent\SampleDetailsRecordInfo\SampleDescription	Sample description
SampleDetailsContent\SampleDetailsRecordInfo\OriginalProductSizeW	Original Product Size (WxLxD, mm)
SampleDetailsContent\SampleDetailsRecordInfo\OriginalProductSizeL	
SampleDetailsContent\SampleDetailsRecordInfo\OriginalProductSizeD	
SampleDetailsContent\SampleDetailsRecordInfo\GradeOfSample	Grade of sample
SampleDetailsContent\SampleDetailsRecordInfo\NumberOfSpecimen	Number of specimen
SampleDetailsContent\SampleDetailsRecordInfo\Manufacturer	Manufacturer
SampleDetailsContent\SampleDetailsRecordInfo\Remarks	Remarks
AuthorizationContent\DeliverySupervisedBySignature	Signature
AuthorizationContent\DeliverySupervisedByName	Name
AuthorizationContent\DeliverySupervisedByPost	Post/Affiliation
AuthorizationContent\DeliverySupervisedByTelephoneNumber	Tel. No.
AuthorizationContent\DeliverySupervisedByFaxNumber	Fax No.
AuthorizationContent\DeliverySupervisedByDate	Date



AuthorizationContent\RequestedBySignature	Signature
AuthorizationContent\RequestedByName	Name
AuthorizationContent\RequestedByPost	Post/Affiliation
AuthorizationContent\RequestedByTelephoneNumber	Tel. No.
AuthorizationContent\RequestedByFaxNumber	Fax No.
AuthorizationContent\RequestedByDate	Date
ToBeDeliveredContent	Fill 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\DateOfContractCommencement	Date of contract commencement
TestRequirementContent\DateOfEstimatedContractCompletion	Date of estimated contract completion
TestRequirementContent\TestRequirementsRecordContent\MaterialName	Aggregates
TestRequirementContent\TestRequirementsRecordContent\TypeOfTest	Type of test
TestRequirementContent\TestRequirementsRecordContent\EstimatedDateOfCommencement	Estimated date of testing commencement
TestRequirementContent\TestRequirementsRecordContent\EstimatedTotalForMonth1-6	1-6
TestRequirementContent\TestRequirementsRecordContent\EstimatedTotalForMonth7-12	7-12
TestRequirementContent\TestRequirementsRecordContent\EstimatedTotalForMonth13-18	13-18
TestRequirementContent\TestRequirementsRecordContent\EstimatedTotalForMonth19-24	19-24
TestRequirementContent\TestRequirementsRecordContent\EstimatedTotalForMonth25-30	25-30
TestRequirementContent\TestRequirementsRecordContent\EstimatedTotalForMonth31-36	31-36
TestRequirementContent\TestRequirementsRecordContent\EstimatedTotalForRemainder	Remainder
TestRequirementContent\Notes	Please use the space below or separate sheet ...
RequestedByContent	Requested by :-
RequestedByContent \RequestedByName	Name
RequestedByContent \RequestedByPost	Post
RequestedByContent\RequestedBySignature	Signature
RequestedByContent\RequestedByTelephoneNumber	Tel. No.
RequestedByContent\RequestedByFaxNumber	Fax No.
RequestedByContent\RequestedByEmailAddress	Email
RequestedByContent\RequestedByDate	Date

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



**Public Works Laboratories**  
Geotechnical Engineering Office, Hong Kong

**For laboratory use only**

Collection Request No. (CRN)	[CollectionRequestNumber]
Test Request No. (TRN)	[TestRequestNumber]

[LabInfoContent]

#### TESTING REQUEST FOR CAST IRON DRAINAGE GOODS

Account No. (if available) [AccountNumber]	Client Test Request Ref. No. [ClientTestRequestReferenceNumber]
(Please provide the following project information if account no. is not available)	
Client (Works Dept/Office) [Client]	Contract No. [ContractNumber]
Job Title [JobTitle]	Job No. [JobNumber]
Work/Site Location [WorkSiteLocation]	

Please test the account [TestRequestedName] cast iron drainage goods in accordance with : (Please select the appropriate box)

☐ GS 1992    
 ☐ PS attached    
 ☐ Others (please specify) [OtherDescription]

[AccountInfoContent]

Client Sample Ref. No.	Sample description	Drg. No.	Grade	Test required (L, W) <sup>(1)</sup>	[TestLoadUnit] requirements <sup>(2)</sup>	Bearing block diameter (mm)	Minimum mass (kg)
[ClientSampleRefNumber]	[SampleDescription]	[DrawingNumber]	[TestRequired]	[TestLoad]	( <input checked="" type="checkbox"/> kN/ <input type="checkbox"/> Tonnes)	[BearingBlockDiameter]	Frame : [MinimumMassFrame] Cover : [MinimumMassCover] Total : [MinimumMassTotal]
			[Grade]				Frame : [TestRequirementsInfo] Cover : [TestRequirementsInfo] Total : [TestRequirementsInfo]
							Frame : [SampleDetailsContent] Cover : [SampleDetailsContent] Total : [SampleDetailsContent]
							Frame : [SampleDetailsContent] Cover : [SampleDetailsContent] Total : [SampleDetailsContent]
							Frame : [SampleDetailsContent] Cover : [SampleDetailsContent] Total : [SampleDetailsContent]

[NumberOfDrawingAttached] no(s) of corresponding drawing sheet(s) attached.

Source of material : [SourceOfMaterial]

Note :- <sup>(1)</sup>Test required : L=Loading test. W=Mass determination.  
<sup>(2)</sup> Leave blank if inapplicable.  
<sup>(3)</sup> To be completed by a project works supervisor grade officer or above (or his delegate).  
<sup>(4)</sup> To be completed by a project inspectorate grade officer or above (or his delegate).

[TestRequestedContent]

Remarks : [Remarks]

Sample(s) delivery supervised by<sup>(3)</sup>

Signature : [DeliverySupervisedBySignature]

Name : [DeliverySupervisedByName]

Post : [DeliverySupervisedByPost]

Tel. No. : [DeliverySupervisedByTelephoneNumber]

Fax No. : [DeliverySupervisedByFaxNumber]

Date : [DeliverySupervisedByDate]

Test(s) requested by<sup>(4)</sup>

Signature : [RequestedBySignature]

Name : [RequestedByName]

Post : [RequestedByPost]

Tel. No. : [RequestedByTelephoneNumber]

Fax No. : [RequestedByFaxNumber]

Date : [RequestedByDate]

Fill in the box below the name, mailing and e-mail address to which the test certificate(s) should be sent or else mark ☐ "To be collected" if the client requests to collect the certificate(s) from the laboratory in person.

[DeliveryName]

[DeliveryAddress]

[ToBeCollected]

[ToBeDeliveredContent]


C Eng D (GEO) 2405 Jul 2007

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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
AccountInfoContent\ClientTestRequestReferenceNumber	Client 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\TestRequestedName	Please test the accompanying sample(s) ...
TestRequestedContent\OtherDescription	Others (please specify)
SampleDetailsContent\SampleDetailsRecordContent\ClientSampleRefNumber	Client Sample Ref. No.
SampleDetailsContent\SampleDetailsRecordContent\SampleDescription	Sample description
SampleDetailsContent\SampleDetailsRecordContent\DrawingNumber	Drg. No.
SampleDetailsContent\SampleDetailsRecordContent\Grade	Grade
SampleDetailsContent\SampleDetailsRecordContent\TestRequired	Test required (L, W) (1)
SampleDetailsContent\TestLoadUnit	Test load
SampleDetailsContent\SampleDetailsRecordContent\TestRequirementsInfo\TestLoad	
SampleDetailsContent\SampleDetailsRecordContent\TestRequirementsInfo\BearingBlockDiameter	Bearing block diameter (mm)
SampleDetailsContent\SampleDetailsRecordContent\TestRequirementsInfo\MinimumMassFrame	Frame
SampleDetailsContent\SampleDetailsRecordContent\TestRequirementsInfo\MinimumMassCover	Cover
SampleDetailsContent\SampleDetailsRecordContent\TestRequirementsInfo\MinimumMassTotal	Total
SampleDetailsContent\NumberOfDrawingAttached	No(s) of corresponding drawing sheet(s) attached
SampleDetailsContent\SourceOfMaterial	Source of material
SampleDetailsContent\Remarks	Remarks
AuthorizationContent\DeliverySupervisedBySignature	Signature
AuthorizationContent\DeliverySupervisedByName	Name
AuthorizationContent\DeliverySupervisedByPost	Post/Affiliation
AuthorizationContent\DeliverySupervisedByTelNo	Tel. No.

TelephoneNumber	
AuthorizationContent\DeliverySupervisedBy FaxNumber	Fax No.
AuthorizationContent\DeliverySupervisedBy Date	Date
AuthorizationContent\RequestedBySignature	Signature
AuthorizationContent\RequestedByName	Name
AuthorizationContent\RequestedByPost	Post/Affiliation
AuthorizationContent\RequestedByTelephon eNumber	Tel. No.
AuthorizationContent\RequestedByFaxNum ber	Fax No.
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)

	<b>Public Works Laboratories</b> Geotechnical Engineering Office, Hong Kong	<div style="text-align: right; font-size: small; margin-bottom: 5px;">[LabInfoContent]</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; font-weight: bold; font-size: small;">For laboratory use only</td> </tr> <tr> <td style="width: 60%;">Collection Request No. (CRN)</td> <td style="width: 40%;">[CollectionRequestNumber]</td> </tr> <tr> <td>Test Request No. (TRN)</td> <td>[TestRequestNumber]</td> </tr> </table>	For laboratory use only		Collection Request No. (CRN)	[CollectionRequestNumber]	Test Request No. (TRN)	[TestRequestNumber]
For laboratory use only								
Collection Request No. (CRN)	[CollectionRequestNumber]							
Test Request No. (TRN)	[TestRequestNumber]							

SAMPLE COLLECTION AND TESTING REQUEST  
FOR CHEMICAL TESTING SERVICES FOR CONCRETE

(To be used only by authorised project)

**PART A : Request** (To be completed and then emailed/faxed to **PWL** by a project assistant grade officer or above (or his delegate))

Account No. (if available) [AccountNumber]	Client Test Request Ref. No. [ClientTestRequestReferenceNumber]
--	---

(Please provide the following project information if account no. is not available)

Client (Works Dept/Office) [Client]	Contract No. [ContractNumber]
Job Title [JobTitle]	Job No. [JobNumber]
Work/Site Location [WorkSiteLocation]	

**Details of Samples:-**

Set No.	Client Sample Ref. No.	Sample Description / Dimensions	Profile Grinding Details (if applicable)	Test Requested	Core / Sampling Location	Remarks
1		[SampleDescription]	[ProfileGrinding]	[TestRequested]		[Remarks]
	[ClientSampleRefNumber]				[CoreOrSamplingLocation]	
3		[SampleDetailsRecordInfo]				
4						
5						
6						
7						
8						
9						

Is sample collection service provided by contract laboratory required? (please select) ☐ Yes ☐ No

Location of samples to be collected [LocationOfSampleCollected] Site Tel. No. [SiteTelephoneNumber]    Mobile phone No. [MobilePhoneNumber] Site Contact Person [SiteContactPerson] Please provide below Fax No./E-mail Address for delivery of preliminary results: Fax No. [DeliveryFaxNumber]    E-mail Address [DeliveryEMailAddress]	<b>Requested by :-</b> Signed [RequestedBySigned] Name [RequestedByName] Post [RequestedByPost] Date [RequestedByDate]
---	--

**PART B : Confirmation** (To be completed and then faxed to the **PWL** staff)

The samples given in Part A above should be : <input type="checkbox"/> (1) collected by [ConfirmationDescription] through Contract No. [ConfirmationContractNumber] Date/Time of sample collection service request received :- [CollectionDate] [CollectionTime] Date/Time of notifying the contract laboratory :- [NotifyingDate] [NotifyingTime]	<b>Notified by :-</b> Signed [NotifiedBySigned] Name [NotifiedByName] Post [NotifiedByPost]
--	--

**PART C : Hand-over of samples** (Upon completion of handing over of samples, the contract laboratory shall fax the fully completed form to **PWL**)

(To be completed by project site staff on the hand-over date of samples) [HandOverMode] at the above sample had been handed over to the contract laboratory staff. (please select) <input type="checkbox"/> The samples were collected by the contract laboratory on site. <input type="checkbox"/> The samples were delivered to the contract laboratory by us. Signed [HandOverBySignature] Name [HandOverByName] Post [HandOverByPost] Date/Time [HandOverByDate] [HandOverByTime]	(To be completed by contract laboratory staff) I acknowledge the receipt of the above samples. Total No. of samples collected : [TotalSamplesCollection] Signed [ReceivedBySignature] Name [ReceivedByName] Post [ReceivedByPost] Date/Time [ReceivedByDate] [ReceivedByTime]
--	---

Telephone number and fax number of **PWL** :-  
 Telephone No. : [PWLTelephoneNumber]    Fax No. : [PWLFaxNumber]

C Eng D (GEO) 2201 Jan 2005


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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
AccountInfoContent\ClientTestRequestReferenceNumber	Client 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\SampleDetailsRecordInfo\ClientSampleRefNumber	Client Sample Ref. No.
SampleDetailsContent\SampleDetailsRecordInfo\SampleDescription	Sample description
SampleDetailsContent\SampleDetailsRecordInfo\DrawingNumber	Profile Grinding Details (if applicable)
SampleDetailsContent\SampleDetailsRecordInfo\TestRequested	Test Requested
SampleDetailsContent\SampleDetailsRecordInfo\CoreOrSamplingLocation	Core / Sampling Location
SampleDetailsContent\SampleDetailsRecordInfo\Remarks	Remarks
SampleDetailsContent\SampleCollectionRequired	Is sample collection service provided by contract laboratory required ? (please select)
SampleDetailsContent\LocationOfSampleCollected	Location of samples to be collected
SampleDetailsContent\SiteTelephoneNumber	Site Tel. No.
SampleDetailsContent\MobilePhoneNumber	Mobile phone No.
SampleDetailsContent\SiteContactPerson	Site Contact Person
SampleDetailsContent\DeliveryFaxNumber	Fax No.
SampleDetailsContent\DeliveryEmailAddress	E-mail Address
SampleDetailsContent\RequestedBySigned	Signed
SampleDetailsContent\RequestedByName	Name
SampleDetailsContent\RequestedByPost	Post
SampleDetailsContent\RequestedByDate	Date
ConfirmationContent\ConfirmationMode	The samples given in Part A above should be :
ConfirmationContent\ConfirmationDescription	
ConfirmationContent\ConfirmationContractNumber	Through Contract No.
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\HandOverMode	I confirmed that the above sample had been handed over ...
HandOverOfSamplesContent\HandOverBySignature	Signed
HandOverOfSamplesContent\HandOverByName	Name
HandOverOfSamplesContent\HandOverByPost	Post
HandOverOfSamplesContent\HandOverByDate	Date
HandOverOfSamplesContent\HandOverByTime	
HandOverOfSamplesContent\TotalSamplesCollection	Total No. of samples collected
HandOverOfSamplesContent\ReceivedBySignature	Signature
HandOverOfSamplesContent\ReceivedByName	Name
HandOverOfSamplesContent\ReceivedByPost	Post
HandOverOfSamplesContent\ReceivedByDate	Date
HandOverOfSamplesContent\ReceivedByTime	
HandOverOfSamplesContent\PWLTelephoneNumber	Telephone No.
HandOverOfSamplesContent\PWLFaxNumber	Fax No.



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

	<b>Public Works Laboratories</b> Geotechnical Engineering Office, Hong Kong	<div style="text-align: right; font-size: small; color: purple;">[LabInfoContent]</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; font-weight: bold; font-size: small;">For laboratory use only</td> </tr> <tr> <td style="width: 60%;">Collection Request No. (CRN)</td> <td>[CollectionRequestNumber]</td> </tr> <tr> <td>Test Request No. (TRN)</td> <td>[TestRequestNumber]</td> </tr> </table>	For laboratory use only		Collection Request No. (CRN)	[CollectionRequestNumber]	Test Request No. (TRN)	[TestRequestNumber]
For laboratory use only								
Collection Request No. (CRN)	[CollectionRequestNumber]							
Test Request No. (TRN)	[TestRequestNumber]							

SAMPLE COLLECTION AND TESTING REQUEST  
FOR CHEMICAL TESTING SERVICES FOR SOIL

(To be used only by authorised project)

**PART A : Request** (To be completed and then emailed/faxed to PWL<sup>1</sup> by a project assistant grade officer or above (or his delegate))

Account No. (if available) [AccountNumber]	Client Test Request Ref. No. [ClientTestRequestReferenceNumber]
(Please provide the following project information if account no. is not available)	
Client (Works Dept/Office) [Client]	Contract No. [ContractNumber] <span style="float: right; color: purple;">[AccountInfoContent]</span>
Job Title [JobTitle]	Job No. [JobNumber]
Work/Site Location [WorkSiteLocation]	

**Details of Samples:-**

Set No.	Client Sample Ref. No.	Sample Description	Sample Mass (kg)	Test Requested	Sampling Location	Remarks
1		[SampleDescription]	[SampleMass]	[TestRequested]	[SamplingLocation]	[Remarks]
	[ClientSampleRefNumber]					
3		[SampleDetailsRecordInfo]				
4						
5						
6						
7						
8						
9						

[SampleDetailsContent]

Is sample collection service provided by contract laboratory required? (please select) ☐ Yes ☐ No

Location of samples to be collected [LocationOfSampleCollected] Site Tel. No. [SiteTelephoneNumber]    Mobile phone No. [MobilePhoneNumber] Site Contact Person [SiteContactPerson] Please provide below Fax No./E-mail Address for delivery of preliminary results: Fax No. [DeliveryFaxNumber]    E-mail Address [DeliveryEMailAddress]	<b>Requested by :-</b> Signed [RequestedBySigned] Name [RequestedByName] Post [RequestedByPost] Date [RequestedByDate]
---	--

**PART B : Confirmation** (To be completed and then faxed to the [ConfirmationMode] PWL staff)

The samples given in Part A above should be : <input type="checkbox"/> (1) collected by <input type="checkbox"/> (2) delivered to <input type="checkbox"/> (3) tested by [ConfirmationDescription] through Contract No. [ConfirmationContractNumber]	<b>Notified by :-</b> <span style="float: right; color: purple;">[ConfirmationContent]</span> Signed [NotifiedBySigned] Name [NotifiedByName] Post [NotifiedByPost]
Date/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 handing over of samples, the contract laboratory shall fax the fully completed form to PWL<sup>1</sup>)

(To be completed by project site staff on the hand-over date of samples) [HandOverMode] at the above sample had been handed over to the contract laboratory staff. (please select) <input type="checkbox"/> The samples were collected by the contract laboratory on site. <input type="checkbox"/> The samples were delivered to the contract laboratory by us. Signed [HandOverBySignature] Name [HandOverByName] Post [HandOverByPost] Date/Time [HandOverByDate] [HandOverByTime]	(To be completed by contract laboratory staff) I acknowledge the receipt of the above samples. Total No. of samples collected : [TotalSamplesCollection] Signed [ReceivedBySignature] <span style="float: right; color: purple;">[HandOverOfSamplesContent]</span> Name [ReceivedByName] Post [ReceivedByPost] Date/Time [ReceivedByDate] [ReceivedByTime]
--	--

Telephone number and fax number of PWL :-  
 Telephone No. : [PWLTelephoneNumber]    Fax No. : [PWLFaxNumber]

C Eng D (GEO) 2202 Jan 2005




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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
AccountInfoContent\ClientTestRequestReferenceNumber	Client 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\SampleDetailsRecordInfo\ClientSampleRefNumber	Client Sample Ref. No.
SampleDetailsContent\SampleDetailsRecordInfo\SampleDescription	Sample description
SampleDetailsContent\SampleDetailsRecordInfo\SampleMass	Sample Mass (kg)
SampleDetailsContent\SampleDetailsRecordInfo\TestRequested	Test Requested
SampleDetailsContent\SampleDetailsRecordInfo\SamplingLocation	Sampling Location
SampleDetailsContent\SampleDetailsRecordInfo\Remarks	Remarks
SampleDetailsContent\SampleCollectionRequired	Is sample collection service provided by contract laboratory required ? (please select)
SampleDetailsContent\LocationOfSampleCollected	Location of samples to be collected
SampleDetailsContent\SiteTelephoneNumber	Site Tel. No.
SampleDetailsContent\MobilePhoneNumber	Mobile phone No.
SampleDetailsContent\SiteContactPerson	Site Contact Person
SampleDetailsContent\DeliveryFaxNumber	Fax No.
SampleDetailsContent\DeliveryEmailAddress	E-mail Address
SampleDetailsContent\RequestedBySigned	Signed
SampleDetailsContent\RequestedByName	Name
SampleDetailsContent\RequestedByPost	Post
SampleDetailsContent\RequestedByDate	Date
ConfirmationContent\ConfirmationMode	The samples given in Part A above should be :
ConfirmationContent\ConfirmationDescription	
ConfirmationContent\ConfirmationContractNumber	Through Contract No.
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\HandOverMode	I confirmed that the above sample had been handed over ...
HandOverOfSamplesContent\HandOverBySignature	Signed
HandOverOfSamplesContent\HandOverByName	Name
HandOverOfSamplesContent\HandOverByPost	Post
HandOverOfSamplesContent\HandOverByDate	Date
HandOverOfSamplesContent\HandOverByTime	
HandOverOfSamplesContent\TotalSamplesCollection	Total No. of samples collected
HandOverOfSamplesContent\ReceivedBySignature	Signature
HandOverOfSamplesContent\ReceivedByName	Name
HandOverOfSamplesContent\ReceivedByPost	Post
HandOverOfSamplesContent\ReceivedByDate	Date
HandOverOfSamplesContent\ReceivedByTime	
HandOverOfSamplesContent\PWLTelephoneNumber	Telephone No.
HandOverOfSamplesContent\PWLFaxNumber	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)

	<b>Public Works Laboratories</b> Geotechnical Engineering Office, Hong Kong	<div style="border: 1px solid black; padding: 5px;"> <div style="text-align: right; font-size: small;">[LabInfoContent]</div> <b>For laboratory use only</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Collection Request No. (CRN)</td> <td>[CollectionRequestNumber]</td> </tr> <tr> <td>Test Request No. (TRN)</td> <td>[TestRequestNumber]</td> </tr> </table> </div>	Collection Request No. (CRN)	[CollectionRequestNumber]	Test Request No. (TRN)	[TestRequestNumber]
Collection Request No. (CRN)	[CollectionRequestNumber]					
Test Request No. (TRN)	[TestRequestNumber]					

SAMPLE COLLECTION AND TESTING REQUEST FOR CLAY/CONCRETE PAVING BLOCKS

**PART A : Request** *(To be completed and then emailed/faxed to PWL<sup>1</sup> by a project assistant grade officer or above (or his delegate))*

Account No. (if available) [AccountNumber]	Client Test Request Ref. No. [ClientTestRequestReferenceNumber]																								
(Please provide the following project information if account no. is not available)																									
Client (Works Dept/Office) [Client]	Contract No. [ContractNumber]																								
Job Title [JobTitle]	Job No. [JobNumber]																								
Work/Site Location [WorkSiteLocation]																									
Location of samples to be collected [LocationOfSampleCollected]	Site Tel. No. [SiteTelephoneNumber]																								
Site Contact Person [SiteContactPerson]	[PreliminaryTestResult]																								
Are preliminary test results by fax required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Requested by :- Signed [RequestedBySigned] Name [RequestedByName] Post [RequestedByPost] Date [RequestedByDate]																								
If yes, please provide Fax No. [PreliminaryTestResultFaxNumber]																									
Please enter address for the delivery of test reports [DeliveryAddress]																									
Sample details and test required :-																									
Client Specimen Ref. No. : [ClientSpecimenReferenceNumber]																									
Nominal Sample Size : [NominalSampleSize]																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Description</th> <th style="width: 10%;">No. of set</th> <th style="width: 20%;">Remarks</th> </tr> </thead> <tbody> <tr> <td>(i) Dimension tests in accordance with BS 6677:Part1:1986 (24 blocks per set) [TestDescription]</td> <td>[NumberOfSet]</td> <td>[Remarks]</td> </tr> <tr> <td>(ii) Transverse breaking load tests in accordance with BS 6677:Part1:1986 (10 blocks per set)</td> <td></td> <td>[SampleCollectionAndTestingContent]</td> </tr> <tr> <td>(iii) Skid resistance tests in accordance with BS 6677:Part1:1986 (5 blocks per set)</td> <td></td> <td></td> </tr> <tr> <td>(iv) Water absorption tests in accordance with AS/NZS 4456.14-1997 (both 24 hours cold immersion method and 5 hours boiling method.) (10 blocks per set)</td> <td></td> <td></td> </tr> <tr> <td>(v) Characteristic compressive strength tests in accordance with GS Clause 11.75 to 11.78 (includes dimension check) (5 blocks per set)</td> <td></td> <td></td> </tr> <tr> <td>(vi) Overall Dimension and thickness test in accordance with Annex B of BS 6717:2001 (8 blocks per set)</td> <td></td> <td></td> </tr> <tr> <td>(vii) Overall Dimension and thickness test in accordance with Annex B of BS 7263-1:2001 (6 flags per set)</td> <td></td> <td></td> </tr> </tbody> </table>		Description	No. of set	Remarks	(i) Dimension tests in accordance with BS 6677:Part1:1986 (24 blocks per set) [TestDescription]	[NumberOfSet]	[Remarks]	(ii) Transverse breaking load tests in accordance with BS 6677:Part1:1986 (10 blocks per set)		[SampleCollectionAndTestingContent]	(iii) Skid resistance tests in accordance with BS 6677:Part1:1986 (5 blocks per set)			(iv) Water absorption tests in accordance with AS/NZS 4456.14-1997 (both 24 hours cold immersion method and 5 hours boiling method.) (10 blocks per set)			(v) Characteristic compressive strength tests in accordance with GS Clause 11.75 to 11.78 (includes dimension check) (5 blocks per set)			(vi) Overall Dimension and thickness test in accordance with Annex B of BS 6717:2001 (8 blocks per set)			(vii) Overall Dimension and thickness test in accordance with Annex B of BS 7263-1:2001 (6 flags per set)		
Description	No. of set	Remarks																							
(i) Dimension tests in accordance with BS 6677:Part1:1986 (24 blocks per set) [TestDescription]	[NumberOfSet]	[Remarks]																							
(ii) Transverse breaking load tests in accordance with BS 6677:Part1:1986 (10 blocks per set)		[SampleCollectionAndTestingContent]																							
(iii) Skid resistance tests in accordance with BS 6677:Part1:1986 (5 blocks per set)																									
(iv) Water absorption tests in accordance with AS/NZS 4456.14-1997 (both 24 hours cold immersion method and 5 hours boiling method.) (10 blocks per set)																									
(v) Characteristic compressive strength tests in accordance with GS Clause 11.75 to 11.78 (includes dimension check) (5 blocks per set)																									
(vi) Overall Dimension and thickness test in accordance with Annex B of BS 6717:2001 (8 blocks per set)																									
(vii) Overall Dimension and thickness test in accordance with Annex B of BS 7263-1:2001 (6 flags per set)																									

**PART B : Works Ordered** *(To be completed and faxed to Contract Laboratory by PWL staff)* [PWL Ref. No. [PWLReferenceNumber]]

Testing services required for samples described in Part A:

Test required	No. of sets of samples collected and	No. of sets of samples collected
(i) Dimension [TestRequired]	[NoOfSetsOfSamplesCollectedAndTestedByContractLab]	
(ii) Transverse breaking load		
(iii) Skid resistance		[NoOfSetsOfSamplesCollectedAndDeliverToPWL]
(iv) Water Absorption [WorksOrderedRecordContent]		[ConfirmationContent]
(v) Characteristic compressive Strength		
(vi) Overall dimension and thickness (block)		
(vii) Overall dimension and thickness (flag)		

Date/Time of sample collection service request received :- [CollectionDate] [CollectionTime]	Notified by :- Signed [NotifiedBySigned]
Date/Time of notifying the contract laboratory :- [NotifyingDate] [NotifyingTime]	Name [NotifiedByName]
	Post [NotifiedByPost]

**PART C : Hand-over of samples** *(Upon completion of handing over of samples, the contract laboratory shall fax the fully completed form to PWL<sup>1</sup>)*

<i>(To be completed by project site staff on the hand-over date of samples)</i> I confirm that the above sample(s) had been handed over to the contract laboratory staff. Signed [HandOverBySignature] Name [HandOverByName] Post [HandOverByPost] Date/Time [HandOverByDate] [HandOverByTime]	<i>(To be completed by contract laboratory staff)</i> I acknowledge the receipt of the above samples. Signed [ReceivedBySignature] Name [ReceivedByName] Post [ReceivedByPost] Date/Time [ReceivedByDate] [ReceivedByTime]
---	---


Telephone number and fax number of PWL :-  
 Telephone No. : [PWLTelephoneNumber] Fax No. : [PWLFaxNumber]  
 C Eng D (GEO) 2316 Jan 2007

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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
AccountInfoContent\ClientTestRequestReferenceNumber	Client 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
SampleCollectionAndTestingContent\LocationOfSampleCollected	Location of samples to be collected
SampleCollectionAndTestingContent\SiteContactPerson	Site Contact Person
SampleCollectionAndTestingContent\SiteTelephoneNumber	Site Tel. No.
SampleCollectionAndTestingContent\PreliminaryTestResult	Are preliminary test results by fax required
SampleCollectionAndTestingContent\PreliminaryTestResultFaxNumber	If yes, please provide Fax No.
SampleCollectionAndTestingContent\DeliveryAddress	Please enter address for the delivery of test reports
SampleCollectionAndTestingContent\RequestedBySigned	Signed
SampleCollectionAndTestingContent\RequestedByName	Name
SampleCollectionAndTestingContent\RequestedByPost	Post
SampleCollectionAndTestingContent\RequestedByDate	Date
SampleCollectionAndTestingContent\ClientSpecimenReferenceNumber	Client Specimen Ref. No.
SampleCollectionAndTestingContent\NominalSampleSize	Nominal Sample Size
SampleCollectionAndTestingContent\SampleTestRequirements\TestDescription	Description
SampleCollectionAndTestingContent\SampleTestRequirements\NumberOfSet	No. of set
SampleCollectionAndTestingContent\SampleTestRequirements\Remarks	Remarks
ConfirmationContent\PWLReferenceNumber	PWL Ref. No.
ConfirmationContent\WorksOrdeedRecordContent\TestRequired	Test required
ConfirmationContent\WorksOrdeedRecordContent\NoOfSetsOfSamplesCollectedAndTestedByContractLab	No. of sets of samples collected and tested by Contract Lab.
ConfirmationContent\WorksOrdeedRecordContent\NoOfSetsOfSamplesCollectedAndDelivered	No. of sets of samples collected and delivered to PWL

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\HandOverMode	I confirmed that the above sample had been handed over ...
HandOverOfSamplesContent\HandOverBySignature	Signed
HandOverOfSamplesContent\HandOverByName	Name
HandOverOfSamplesContent\HandOverByPost	Post
HandOverOfSamplesContent\HandOverByDate	Date/Time
HandOverOfSamplesContent\HandOverByTime	
HandOverOfSamplesContent\TotalSamplesCollection	Total No. of samples collected
HandOverOfSamplesContent\ReceivedBySignature	Signature
HandOverOfSamplesContent\ReceivedByName	Name
HandOverOfSamplesContent\ReceivedByPost	Post
HandOverOfSamplesContent\ReceivedByDate	Date/Time
HandOverOfSamplesContent\ReceivedByTime	
HandOverOfSamplesContent\PWLTelphonenumber	Telephone No.
HandOverOfSamplesContent\PWLFaxNumber	Fax No.

### 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)

	<b>Public Works Laboratories</b> Geotechnical Engineering Office, Hong Kong	<div style="border: 1px solid black; padding: 2px;"> <b>For laboratory use only</b> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Collection Request No. (CRN)</td> <td>[CollectionRequestNumber]</td> </tr> <tr> <td>Test Request No. (TRN)</td> <td>[TestRequestNumber]</td> </tr> </table>	Collection Request No. (CRN)	[CollectionRequestNumber]	Test Request No. (TRN)	[TestRequestNumber]
Collection Request No. (CRN)	[CollectionRequestNumber]					
Test Request No. (TRN)	[TestRequestNumber]					

**SAMPLE COLLECTION AND TESTING REQUEST  
FOR GRADE A CONCRETE PAVING BLOCKS,  
GRANITE AND ARTIFICIAL GRANITE PAVERS**

**PART A : Request** *(To be completed and then emailed/faxed to PWCL<sup>1</sup> by a project assistant grade officer or above (or his delegate))*

Account No. (if available) [AccountNumber]	Client Test Request Ref. No. [ClientTestRequestReferenceNumber]															
Please provide the following project information if account no. is not available																
Client (Works Dept/Office) [Client]	Contract No. [ContractNumber]															
Job Title [JobTitle]	Job No. [JobNumber]															
Work/Site Location [WorkSiteLocation]																
Location of samples to be collected [LocationOfSampleCollected]																
Site Contact Person [SiteContactPerson]	Site Tel. No. [SiteTelephoneNumber]															
Are preliminary test results by fax required? <input type="checkbox"/> Yes <input type="checkbox"/> No																
If yes, please provide Fax No. [PreliminaryTestResultFaxNumber]																
Please enter address for the delivery of test reports [DeliveryAddress]	Requested by :- Signed [RequestedBySigned] Name [RequestedByName] Post [RequestedByPost] Date [RequestedByDate]															
Sample details and test required :-																
Client Specimen Ref. No. : [ClientSpecimenReferenceNumber]																
Nominal Sample Size : [NominalSampleSize]																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Description</th> <th>No. of set</th> <th>Remarks</th> </tr> </thead> <tbody> <tr> <td>(i) Transverse breaking load test in accordance with BS 6677:Part1:1986. (6 blocks per set)</td> <td>[TestDescription]</td> <td>[NumberOfSet] [Remarks]</td> </tr> <tr> <td>(ii) Water absorption test in accordance with AS/NZS 4456.14-1997 (both 24 hours cold immersion method and 5 hours boiling method.) (6 blocks per set)</td> <td></td> <td></td> </tr> <tr> <td>(iii) Characteristic compressive strength tests in accordance with GS Clause 11.75 to 11.78 (includes dimension check) (8 blocks per set)</td> <td></td> <td></td> </tr> <tr> <td>(iv) Overall dimension and thickness test in accordance with Annex B of BS 7263-1: 2001 (8 flags per set)</td> <td></td> <td></td> </tr> </tbody> </table>		Description	No. of set	Remarks	(i) Transverse breaking load test in accordance with BS 6677:Part1:1986. (6 blocks per set)	[TestDescription]	[NumberOfSet] [Remarks]	(ii) Water absorption test in accordance with AS/NZS 4456.14-1997 (both 24 hours cold immersion method and 5 hours boiling method.) (6 blocks per set)			(iii) Characteristic compressive strength tests in accordance with GS Clause 11.75 to 11.78 (includes dimension check) (8 blocks per set)			(iv) Overall dimension and thickness test in accordance with Annex B of BS 7263-1: 2001 (8 flags per set)		
Description	No. of set	Remarks														
(i) Transverse breaking load test in accordance with BS 6677:Part1:1986. (6 blocks per set)	[TestDescription]	[NumberOfSet] [Remarks]														
(ii) Water absorption test in accordance with AS/NZS 4456.14-1997 (both 24 hours cold immersion method and 5 hours boiling method.) (6 blocks per set)																
(iii) Characteristic compressive strength tests in accordance with GS Clause 11.75 to 11.78 (includes dimension check) (8 blocks per set)																
(iv) Overall dimension and thickness test in accordance with Annex B of BS 7263-1: 2001 (8 flags per set)																

**PART B : Works Ordered** *(To be completed and faxed to Contract Laboratory by PWCL staff)*

Testing services required for samples described in Part A:

Test required	No. of sets of samples collected and	No. of sets of samples collected
	[NoOfSetsOfSamplesCollectedAndTestedByContractLab]	and deliver to PWCL
(i) Transverse breaking load [TestRequired]		
(ii) Water absorption		
(iii) Characteristic compressive strength		[NoOfSetsOfSamplesCollectedAndDeliverToPWL]
(iv) Overall dimension and thickness [WorksOrderedRecordContent]		

Date/Time of sample collection service request received :- [CollectionDate] [CollectionTime]	Notified by :-
Date/Time of notifying the contract laboratory :- [NotifyingDate] [NotifyingTime]	Signed [NotifiedBySigned]
	Name [NotifiedByName]
	Post [NotifiedByPost]

**PART C : Hand-over of samples** *(Upon completion of handing over of samples, the contract laboratory shall fax the duly completed form to PWCL<sup>1</sup>)*

<i>(To be completed by project site staff on the hand-over date of samples)</i> I confirm that the above sample(s) had been handed over to the contract laboratory staff. Signed [HandOverBySignature] Name [HandOverByName] Post [HandOverByPost] Date/Time [HandOverByDate] [HandOverByTime]	<i>(To be completed by contract laboratory staff)</i> I acknowledge the receipt of the above samples. Signed [ReceivedBySignature] Name [ReceivedByName] Post [ReceivedByPost] Date/Time [ReceivedByDate] [ReceivedByTime]
---	---

Telephone number and fax number of PWL :-  
 Telephone No. : [PWLTelephoneNumber] Fax No. : [PWLFaxNumber]  
 C Eng D (GEO) 2319 Nov 2006


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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
AccountInfoContent\ClientTestRequestReferenceNumber	Client 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
SampleCollectionAndTestingContent\LocationOfSampleCollected	Location of samples to be collected
SampleCollectionAndTestingContent\SiteContactPerson	Site Contact Person
SampleCollectionAndTestingContent\SiteTelephoneNumber	Site Tel. No.
SampleCollectionAndTestingContent\PreliminaryTestResult	Are preliminary test results by fax required
SampleCollectionAndTestingContent\PreliminaryTestResultFaxNumber	If yes, please provide Fax No.
SampleCollectionAndTestingContent\DeliveryAddress	Please enter address for the delivery of test reports
SampleCollectionAndTestingContent\RequestedBySigned	Signed
SampleCollectionAndTestingContent\RequestedByName	Name
SampleCollectionAndTestingContent\RequestedByPost	Post
SampleCollectionAndTestingContent\RequestedByDate	Date
SampleCollectionAndTestingContent\ClientSpecimenReferenceNumber	Client Specimen Ref. No.
SampleCollectionAndTestingContent\NominalSampleSize	Nominal Sample Size
SampleCollectionAndTestingContent\SampleTestRequirements\TestDescription	Description
SampleCollectionAndTestingContent\SampleTestRequirements\NumberOfSet	No. of set
SampleCollectionAndTestingContent\SampleTestRequirements\Remarks	Remarks
ConfirmationContent\PWLReferenceNumber	PWL Ref. No.
ConfirmationContent\WorksOrderedRecordContent\TestRequired	Test required
ConfirmationContent\WorksOrderedRecordContent\NoOfSetsOfSamplesCollectedAndTestedByContractLab	No. of sets of samples collected and tested by Contract Lab.
ConfirmationContent\WorksOrderedRecordContent\NoOfSetsOfSamplesCollectedAndDeliveredToPWL	No. of sets of samples collected and delivered to PWL

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\HandOverMode	I confirmed that the above sample had been handed over ...
HandOverOfSamplesContent\HandOverBySignature	Signed
HandOverOfSamplesContent\HandOverByName	Name
HandOverOfSamplesContent\HandOverByPost	Post
HandOverOfSamplesContent\HandOverByDate	Date/Time
HandOverOfSamplesContent\HandOverByTime	
HandOverOfSamplesContent\TotalSamplesCollection	Total No. of samples collected
HandOverOfSamplesContent\ReceivedBySignature	Signature
HandOverOfSamplesContent\ReceivedByName	Name
HandOverOfSamplesContent\ReceivedByPost	Post
HandOverOfSamplesContent\ReceivedByDate	Date/Time
HandOverOfSamplesContent\ReceivedByTime	
HandOverOfSamplesContent\PWLTelephoneNumber	Telephone No.
HandOverOfSamplesContent\PWLFaxNumber	Fax No.



### 3.40 WDD – 12.11 – 1.0 (Form 2407 – Request Form for Structural Steel Section and Reinforcement Connector Sample Collection Service (For PWCL) Message)

	<b>Public Works Laboratories</b> Geotechnical Engineering Office, Hong Kong	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <b>For laboratory use only</b> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Collection Request No. (CRN)</span> <span>[CollectionRequestNumber]</span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <span>Test Request No. (TRN)</span> <span>[TestRequestNumber]</span> </div>
---	--	--

**SAMPLE COLLECTION AND TESTING REQUEST  
FOR STRUCTURAL STEEL SECTIONS AND REINFORCEMENT CONNECTORS**

**PART A : Request** *(To be completed and then emailed/faxed to PWL<sup>1</sup> by a project assistant grade officer or above (or his delegate))*

Account No. (if available) [AccountNumber]	Client Test Request Ref. No. [ClientTestRequestReferenceNumber]
--	---

Please provide the following project information if account no. is not available)

Client (Works Dept/Office) [Client]	Contract No. [ContractNumber]
Job Title [JobTitle]	Job No. [JobNumber]
Work/Site Location [WorkSiteLocation]	

Location of samples to be collected [LocationOfSampleCollected] No. of samples to be collected [NumberOfSamplesToBeCollected] Site Contact Person [SiteContactPerson] Site Tel. No. [SiteTelephoneNumber] Are preliminary test results by fax required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide Fax No. [PreliminaryTestResultFaxNumber] [PreliminaryTestResult]	Requested by :- Signed [RequestedBySigned] Name [RequestedByName] Post [RequestedByPost] Date [RequestedByDate]
--	---

**Sample Collection Details** *(use separate collection form for each test request form for miscellaneous steel testing [No.C Eng D (GEO) 2404])*

Please test the accompanying samples of :- (Please select the appropriate box)

<input type="checkbox"/> structural steel section for tensile test in accordance with BS 4360:1986 <input type="checkbox"/> structural steel section for Charpy 'V' Notch impact test in accordance with BSEN 10045-1:1990 [TestToBePerformed] <input type="checkbox"/> steel coupler for permanent elongation & tensile strength test in accordance with BS8110:1997 GS1992 with Corrigendum 2/2001 <input type="checkbox"/> steel coupler for the slip & tensile strength test in accordance with GS 1992 Clause 15.33	<input type="checkbox"/> BS4360:1990 <input type="checkbox"/> BSEN 10045-1:1990 [TestToBePerformed] <input type="checkbox"/> BS8110:1997 GS1992 with Corrigendum <input type="checkbox"/> GS 1992 Clause 15.33
---	---

No.	Client Sample Reference No.	Sample Description [OriginalProductSizeW] [OriginalProductSizeD] [OriginalProductSizeL]	Thickness As Received (mm)	Grade of Sample	Number of Specimen	Manufacturer	Remarks
1	[ClientSampleReferenceNumber]	[SampleDescription]	[SampleThicknessAsReceived]	[GradeOfSample]	[NumberOfSpecimen]	[Manufacturer]	[Remarks]
2							
3							
4							
5							
6							
7							
8							

**PART B : Confirmation** *(To be completed and faxed to Contract Laboratory by PWCL staff)*

Collected samples should be delivered to [DeliveredTo] ( [DeliveredToSupplement] ) Contract allocated to provide the service [ContractAllocated] Date/Time of sample collection service request received :- [CollectionDate] [CollectionTime] Date/Time of notifying the contract laboratory :- [NotifyingDate] [NotifyingTime]	Notified by :- Signed [NotifiedBySigned] Name [NotifiedByName] Post [NotifiedByPost]
--	---

<i>(To be completed by project site staff)</i> Agreed by :- Signed [AgreedBySigned] Name [AgreedByName] Post [AgreedByPost] Date/Time [AgreedByDate] [AgreedByTime]	<i>(To be completed by [TotalNumberOfSpecimens])</i> Total No. of specimens ( [TotalNumberOfSpecimens] ) collected by:- Signed [CompletedBySigned] Name [CompletedByName] Post [CompletedByPost] Date/Time [CompletedByDate] [CompletedByTime]
--	---

<sup>1</sup>Telephone number and fax number of PWL :-  
 Telephone No. : [PWLTelephoneNumber] Fax No. : [PWLFaxNumber]


C Eng D (GEO) 2407 Jan 2007

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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
AccountInfoContent\ClientTestRequestReferenceNumber	Client 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
SampleCollectionAndTestingContent\LocationOfSampleCollected	Location of samples to be collected
SampleCollectionAndTestingContent\NumberOfSamplesToBeCollected	No. of samples to be collected
SampleCollectionAndTestingContent\SiteContactPerson	Site Contact Person
SampleCollectionAndTestingContent\SiteTelephoneNumber	Site Tel. No.
SampleCollectionAndTestingContent\PreliminaryTestResult	Are preliminary test results by fax required
SampleCollectionAndTestingContent\PreliminaryTestResultFaxNumber	If yes, please provide Fax No.
SampleCollectionAndTestingContent\RequestedBySigned	Signed
SampleCollectionAndTestingContent\RequestedByName	Name
SampleCollectionAndTestingContent\RequestedByPost	Post
SampleCollectionAndTestingContent\RequestedByDate	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\Sample	Sample Thickness As Received (mm)

eTestingDetails\SampleDetailsRecordContent\SampleThicknessAsReceived	
SampleCollectionAndTestingContent\SampleTestingDetails\SampleDetailsRecordContent\GradeOfSample	Grade of Sample
SampleCollectionAndTestingContent\SampleTestingDetails\SampleDetailsRecordContent\NumberOfSpecimen	No. of Specimen
SampleCollectionAndTestingContent\SampleTestingDetails\SampleDetailsRecordContent\Manufacturer	Manufacturer
SampleCollectionAndTestingContent\SampleTestingDetails\SampleDetailsRecordContent\Remarks	Remarks
ConfirmationContent\DeliveredTo	Collected samples should be delivered to
ConfirmationContent\DeliveredToSupplement	
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\AgreedBySignature	Signed
AuthorizationContent\AgreedByName	Name
AuthorizationContent\AgreedByPost	Post
AuthorizationContent\AgreedByDate	Date/Time
AuthorizationContent\AgreedByTime	
AuthorizationContent\TotalNumberOfSpecimens	Total No. of specimens (
AuthorizationContent\CompletedBySigned	Signed
AuthorizationContent\CompletedByName	Name
AuthorizationContent\CompletedByPost	Post
AuthorizationContent\CompletedByDate	Date/Time
AuthorizationContent\CompletedByTime	
AuthorizationContent\PWLTelephoneNumber	Telephone No.
AuthorizationContent\PWLFaxNumber	Fax No.

### 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)

 <b>Public Works Laboratories</b> Geotechnical Engineering Office, Hong Kong		[LabInfoContent]	
		<b>For laboratory use only</b>	
		Collection Request No. (CRN)	[CollectionRequestNumber]
		Test Request No. (TRN)	[TestRequestNumber]

**SAMPLE COLLECTION AND TESTING REQUEST FOR STEEL BARS**

(To be used only by authorised project)

**PART A : Request** (To be completed and then emailed/faxed to PWL<sup>1</sup> by a project assistant grade officer or above (or his delegate))

Account No. (if available) [AccountNumber]		Client Test Request Ref. No. [ClientTestRequestReferenceNumber]	
Please provide the following project information if account no. is not available			
Client (Works Dept/Office) [Client]		Contract No. [ContractNumber]	
Job Title [JobTitle]		Job No. [JobNumber]	
Work/Site Location [WorkSiteLocation]			
Details of Samples:-		Client Test Request Ref. No. [ClientTestRequestReferenceNumber]	
Please test the accompanying reinforcement bar sample(s) in accordance with : (Please select the appropriate box)			
<input type="checkbox"/> CS2:1995 [TestRequest]		<input type="checkbox"/> BS4449:1988	
<input type="checkbox"/> Others (Please specify) [OtherDescription]			

Set No.	Client Sample Ref. No.	Nominal	Grade	No. of specimen	Bar pattern	Remarks
		[NominalSize]	[Grade]	[NumberOfSpecimenB]	[BarPatternCode]	
1						[Remark]
	[ClientSampleReferenceNumber]			[NumberOfSpecimenT]	[NumberOfSpecimenRB]	
3						[SampleDetailsRecordContent]
4						
5						
6						[SampleCollectionRequired]

Is sample collection service provided by contract laboratory required? (please select) ☐ Yes ☐ No

Location of samples to be collected [LocationOfSampleCollected]		Requested by :- (To be signed by inspectorate staff or above)	
Site Tel. No. [SiteTelephoneNumber]	Mobile phone No. [MobilePhoneNumber]	Signed [RequestedBySigned] [SampleCollectionContent]	
Site Contact Person [SiteContactPerson]		Name [RequestedByName]	
Please provide below Fax No./E-mail Address for delivery of preliminary results:		Post [RequestedByPost]	
Fax No. [DeliveryFaxNumber]	E-mail Address [DeliveryEmailAddress]	Date [RequestedByDate]	

Note:- T = Tensile test; B = Bend test; RB = Rebend test.

**PART B : Confirmation** (To be completed and then faxed to the [ConfirmationMode] PWL staff)

The samples given in Part A above should be : ☐ (1) collected by ☐ (2) delivered to ☐ (3) tested by [ConfirmationDescription] through Contract No. [ConfirmationContractNumber]

Date/Time of sample collection service request received :-  
[CollectionDate] [CollectionTime]

Date/Time of notifying the contract laboratory :-  
[NotifyingDate] [NotifyingTime]

Notified by :- (To be signed by inspectorate staff or above)	
Signed [NotifiedBySigned]	[ConfirmationContent]
Name [NotifiedByName]	
Post [NotifiedByPost]	

**PART C : Hand-over of samples** (Upon completion of handing over of samples, the contract laboratory shall fax the fully completed form to PWL<sup>1</sup>)

(To be completed by project site staff on the hand-over date of samples) I confirm that the above sample had been handed over to the contract laboratory staff. (please select) <input type="checkbox"/> The samples were collected by the contract laboratory on site. <input type="checkbox"/> The samples were delivered to the contract laboratory by us.		(To be completed by contract laboratory staff) I acknowledge the receipt of the above samples.	
Total No. of samples collected : [TotalSamplesCollection] <input type="checkbox"/> PWL test / <input type="checkbox"/> Logistic request no. [ReceivedNumber]			
Signed [HandOverBySigned] Name [HandOverByName] Post [HandOverByPost] Date/Time [HandOverByDate] [HandOverByTime]		Signed [ReceivedNumberMode] Name [ReceivedByName] Post [ReceivedByPost] Date/Time [ReceivedByDate] [ReceivedByTime]	

<sup>1</sup>Telephone number and fax number of PWL :-  
 Telephone No. : [PWLTelephoneNumber] Fax No. : [PWLFaxNumber]  
 C Eng D (GEO) 2408 Mar 2007

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


<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
AccountInfoContent\ClientTestRequestReferenceNumber	Client 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
SampleCollectionAndTestingContent\LocationOfSampleCollected	Location of samples to be collected
SampleCollectionAndTestingContent\NumberOfSamplesToBeCollected	No. of samples to be collected
SampleCollectionAndTestingContent\SiteContactPerson	Site Contact Person
SampleCollectionAndTestingContent\SiteTelephoneNumber	Site Tel. No.
SampleCollectionAndTestingContent\PreliminaryTestResult	Are preliminary test results by fax required
SampleCollectionAndTestingContent\PreliminaryTestResultFaxNumber	If yes, please provide Fax No.
SampleCollectionAndTestingContent\RequestedBySigned	Signed
SampleCollectionAndTestingContent\RequestedByName	Name
SampleCollectionAndTestingContent\RequestedByPost	Post
SampleCollectionAndTestingContent\RequestedByDate	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\Sample	Sample Thickness As Received (mm)

eTestingDetails\SampleDetailsRecordContent\SampleThicknessAsReceived	
SampleCollectionAndTestingContent\SampleTestingDetails\SampleDetailsRecordContent\GradeOfSample	Grade of Sample
SampleCollectionAndTestingContent\SampleTestingDetails\SampleDetailsRecordContent\NumberOfSpecimenT	T
SampleCollectionAndTestingContent\SampleTestingDetails\SampleDetailsRecordContent\NumberOfSpecimenB	B
SampleCollectionAndTestingContent\SampleTestingDetails\SampleDetailsRecordContent\NumberOfSpecimenRB	RB
SampleCollectionAndTestingContent\SampleTestingDetails\SampleDetailsRecordContent\BarPatternCode	Bar pattern code
SampleCollectionAndTestingContent\SampleTestingDetails\SampleDetailsRecordContent\Remark	Remark
ConfirmationContent\ConfirmationMode	The samples given in Part A above should be
ConfirmationContent\ConfirmationDescription	
ConfirmationContent\ConfirmationContractNumber	Through Contract No.
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\HandOverMode	I confirm that the above sample had been handed over ...
HandOverOfSamplesContent\HandOverBySignature	Signed
HandOverOfSamplesContent\HandOverByName	Name
HandOverOfSamplesContent\HandOverByPost	Post
HandOverOfSamplesContent\HandOverByDate	Date/Time
HandOverOfSamplesContent\HandOverByTime	
HandOverOfSamplesContent\TotalSamplesCollection	Total No. of samples collected
HandOverOfSamplesContent\ReceivedNumberMode	
HandOverOfSamplesContent\ReceivedNumber	
HandOverOfSamplesContent\ReceivedBySigned	Signed

HandOverOfSamplesContent\ReceivedByName	Name
HandOverOfSamplesContent\ReceivedByPost	Post
HandOverOfSamplesContent\ReceivedByDate	Date/Time
HandOverOfSamplesContent\ReceivedByTime	
HandOverOfSamplesContent\PWLTelephoneNumber	Telephone No.
HandOverOfSamplesContent\PWLFaxNumber	Fax No.



### 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)

	<b>Public Works Laboratories</b> Geotechnical Engineering Office, Hong Kong	<div style="border: 1px solid black; padding: 2px;"> <div style="text-align: right; font-size: small;">[LabInfoContent]</div> <b>For laboratory use only</b>          Collection Request No. (CRN) [CollectionRequestNumber]          Test Request No. (TRN) [TestRequestNumber]       </div>
---	--	---

SAMPLE COLLECTION SERVICE AND TESTING REQUEST (FOR PWL)  
FOR 7-WIRE STRAND

**PART A : Request** (To be completed and then emailed/faxed to PWL<sup>1</sup> by a project assistant grade officer or above (or his delegate))

Account No. (if available) [AccountNumber]	Client Test Request Ref. No. [ClientTestRequestReferenceNumber]						
Please provide the following project information if account no. is not available							
Client (Works Dept/Office) [Client]	Contract No. [ContractNumber]						
Job Title [JobTitle]	Job No. [JobNumber]						
Work/Site Location [WorkSiteLocation]							
Location of samples to be collected [LocationOfSampleCollected]	Requested by :- Signed [RequestedBySigned] Name [RequestedByName] Post [RequestedByPost] Date [RequestedByDate]						
No. of samples to be collected [NumberOfSamplesToBeCollected]							
Site Contact Person [SiteContactPerson] [PreliminaryTestResult] [SiteTelephoneNumber]							
Are preliminary test results by Fax required? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, please provide Fax No. for the receipt of results. Fax No. [PreliminaryTestResultFaxNumber]							
<b>Sample Collection Details</b> (use separate collection form for [PreliminaryTestResultFaxNumber] as steel testing [No.C Eng D (GEO) 2404])							
Please test the accompanying samples in accordance with BS 5896:1980							
Set No. [ClientSampleReferenceNumber]	Client Sample reference No. [ClientSampleReferenceNumber]	Sample description [SampleDescription]	Original product size (WxDxL) mm [OriginalProductSizeL]	Grade of [GradeOfSample]	Number of specimen [NumberOfSpecimen]	Manufacturer [Manufacturer]	Remarks [SampleRemarks]
1							
2			[OriginalProductSizeW]				
3							
4							
5							
6							
7							
8							

**PART B : Confirmation** (To be completed and then faxed to the contract laboratory by PWL staff)

Collected samples should be delivered to [DeliveredTo]	Notified by :-
Contract allocated to provide the service [ContractAllocated]	Signed [NotifiedBySigned]
Date/Time of sample collection service request received :- [CollectionDate] [CollectionTime]	Name [NotifiedByName]
Date/Time of notifying the contract laboratory :- [NotifyingDate] [NotifyingTime]	Post [NotifiedByPost]
(To be completed by project site staff)	(To be completed by contract laboratory staff)
Agreed by :-	Collected by :-
Signed [AgreedBySigned]	Signed [CollectedBySigned]
Name [AgreedByName]	Name [CollectedByName]
Post [AgreedByPost]	Post [CollectedByPost]
Date/Time [AgreedByDate] [AgreedByTime]	Date/Time [CollectedByDate] [CollectedByTime]

<sup>1</sup>Name, address, telephone number and fax number of PWL :-  
 PWL : PWCL (GM)  
 Address : PWCL Building, Cheung Yip Street, Kowloon Bay, Kowloon.  
 Telephone No. : [PWLTelephoneNumber] Fax No. : [PWLFaxNumber]  
 C Eng D (GEO) 2410 Jan 2005




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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
AccountInfoContent\ClientTestRequestReferenceNumber	Client 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
SampleCollectionContent\LocationOfSampleCollected	Location of samples to be collected
SampleCollectionContent\NumberOfSamplesToBeCollected	No. of samples to be collected
SampleCollectionContent\SiteContactPerson	Site Contact Person
SampleCollectionContent\SiteTelephoneNumber	Site Tel. No.
SampleCollectionContent\PreliminaryTestResult	Are preliminary test results by fax required
SampleCollectionContent\PreliminaryTestResultFaxNumber	If yes, please provide Fax No.
SampleCollectionContent\RequestedBySigned	Signed
SampleCollectionContent\RequestedByName	Name
SampleCollectionContent\RequestedByPost	Post
SampleCollectionContent\RequestedByDate	Date
SampleCollectionContent\SampleDetailsRecordContent\ClientSpecimenReferenceNumber	Client Sample reference No.
SampleCollectionContent\SampleDetailsRecordContent\SampleDescription	Sample Description
SampleCollectionContent\SampleDetailsRecordContent\OriginalProductSizeW	Original Product Size (WxLxD, mm)
SampleCollectionContent\SampleDetailsRecordContent\OriginalProductSizeL	
SampleCollectionContent\SampleDetailsRecordContent\OriginalProductSizeD	
SampleCollectionContent\SampleDetailsRecordContent\GradeOfSample	Grade of Sample
SampleCollectionContent\SampleDetailsRecordContent\NumberOfSpecimen	RB
SampleCollectionAndTestingContent\SampleTestingDetails\SampleDetailsRecordContent\BarPatternCode	Bar pattern code
SampleCollectionAndTestingContent\SampleTestingDetails\SampleDetailsRecordContent\Remark	Remark

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\PWLTelphoneNumber	Telephone No.
AuthorizationContent\PWLFaxNumber	Fax No.

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



**Public Works Laboratories**  
Geotechnical Engineering Office, Hong Kong

[LabContent]

**For laboratory use only**

Account No.	[AccountNumber]
Date received	[DateReceived]

**REGISTRATION FORM FOR TESTING OF CONSTRUCTION MATERIALS**

Works Dept/Office	[WorksDeptOffice]	PWP Item No.	[PWPItemNumber]
Project Title	[ProjectTitle]	Contract No.	[ContractNumber] [AccountContent]
Job Title (if any)	[JobTitle]	Job No. (if any)	[JobNumber]
Work/Site Location	[WorkSiteLocation] (please attach a site location plan if available)		

**Request** (To be completed and then emailed/faxed to PWLs (Note 1))

**A. Please indicate below the required material testing services:**

☐ Aggregates  
☐ Bituminous materials (Note 2) [MaterialTestingServices]  
☐ Concrete cubes and cores  
☐ Others (Please specify) [OthersDescription]

☐ Soils (Give separate details of type of tests)  
☐ Steel reinforcement [TestRequestedContent]  
☐ Steel section/pre-stressing strand  

[RequiredCollectionService]

**B. Collection service for concrete cubes, concrete cores and steel bars (Note 3)** ☐ Required ☐ Not Required

**Government Officer in charge of Contract**

Name : [GovernmentOfficerInChargeName]  
 Post : [GovernmentOfficerInChargePost]  
 Tel. No. : [GovernmentOfficerInChargeTelephoneNumber]  
 Fax No. : [GovernmentOfficerInChargeFaxNumber]  
 Address : [GovernmentOfficerInChargeAddress]  
 Email : [GovernmentOfficerInChargeEmail]

**Consultant in charge of Contract (if applicable)**

Name : [ConsultantInChargeName]  
 Post : [ConsultantInChargePost]  
 Tel. No. : [ConsultantOfficerInChargeTelephoneNumber]  
 Fax No. : [ConsultantOfficerInChargeFaxNumber]  
 Address : [ConsultantOfficerInChargeAddress]  
 Email : [ConsultantOfficerInChargeEmail]

**Representative on site**      Samples shall normally be delivered by the following project site person(s) : (Note 4)

Name : [RepresentativeOnSiteName]  
 Post : [RepresentativeOnSitePost]  
 Tel. No. : [RepresentativeOnSiteTelephoneNumber]  
 Fax No. : [RepresentativeOnSiteFaxNumber]

Name : [DeliveredBySitePersonOneName]  
 Post : [DeliveredBySitePersonOnePost]  
 Tel. No. : [DeliveredBySitePersonOneTelephoneNumber]  
 Fax No. : [DeliveredBySitePersonOneFaxNumber]

**Site Contact Person for Sample Collection**      **Recipient of Preliminary Results**

Name : [SiteContactPersonForSampleName]  
 Post : [SiteContactPersonForSamplePost]  
 Tel. No. : [SiteContactPersonForSampleTelephoneNumber]  
 Fax No. : [SiteContactPersonForSampleFaxNumber]  
 Email : [SiteContactPersonForSampleEmail]

Name : [RecipientOfResultsName]  
 Post : [RecipientOfResultsPost]  
 Tel. No. : [RecipientOfResultsTelephoneNumber]  
 Fax No. : [RecipientOfResultsFaxNumber]  
 Email : [RecipientOfResultsEmail]

**Recipient of Test Certificates (Note 5)**      **Authorised Person to collect Test Certificate (Note 6)**

Name : [RecipientOfTestCertificatesName]  
 Post : [RecipientOfTestCertificatesPost]  
 Tel. No. : [RecipientOfTestCertificatesTelephoneNumber]  
 Fax No. : [RecipientOfTestCertificatesFaxNumber]  
 Address : [RecipientOfTestCertificatesAddress]

Name : [PersonToCollectTestCertificateName]  
 Post : [PersonToCollectTestCertificatePost]  
 Tel. No. : [PersonToCollectTestCertificateTelephoneNumber]  
 Fax No. : [PersonToCollectTestCertificateFaxNumber]


**Notes :**

- The addresses of PWLs can be found at the CEDD website (<http://www.cedd.gov.hk>). Test request forms and PWL Test Directory can be downloaded from the downloading area of the same CEDD website. The sample reception hours of the PWLs are as follows:

		PWCL	PWRLs
Monday to Friday	(AM)	8:30 am to 12 noon	8:30 am to 11:45 am
	(PM)	1:45 pm to 5:00 pm	1:15 pm to 4:30 pm
Saturday	(AM only)	--	9:00 am to 11:30 am
Sunday & Public Holiday		No sample reception services	

- When requesting tests for concrete cubes/cores or bituminous materials, mix design No / ID and mix details should be provided.
- Sample collection service is not available for remote areas and outlying islands without a road link. A procedural brief for requesting sample collection and testing services will be provided after registration.
- This information shall be provided for persons delivering test samples. Test samples shall not normally be accepted from non-government staff or staff unable to provide proof of government employment. In this respect, government staff includes resident staff and staff of consultants employed on government projects.
- In the event of failure to deliver to the stated address, certificates may be delivered to the client's head office.
- If certificates are to be collected, any number of persons may be nominated by providing separate details. Certificates will not be released to any person not pre-registered with the laboratory unless he is specifically authorised in writing to do so. Certificates not collected within two weeks may be sent by post to the client's head office.

C Eng D (GEO) 2007 (Sheet 1 of 2) Nov 2006

	<b>Public Works Laboratories</b> Geotechnical Engineering Office, Hong Kong	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>For laboratory use only</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Account No.</td> <td style="width: 40%; border-bottom: 1px solid black;">[AccountNumber]</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date received</td> <td style="border-bottom: 1px solid black;">[DateReceived]</td> </tr> </table> </div>	Account No.	[AccountNumber]	Date received	[DateReceived]
Account No.	[AccountNumber]					
Date received	[DateReceived]					

**Estimate of Testing Requirements**

Date of contract commencement : [DateOfContractCommencement]
Date of estimated contract completion: [DateOfEstimatedContractCompletion]

Material	Type of test	Estimated date of testing commencement	Estimate of total sample number per six month period from the date testing commences						
			Months						
			1-6	7-12	13-18	19-24	25-30	31-36	Remainder
[MaterialName] Aggregates	[TypeOfTest]		[EstimatedTotalForMonth1-6]		[EstimatedTotalForMonth13-18]		[EstimatedTotalForMonth25-30]		[EstimatedTotalForRemainder]
Bituminous materials		[EstimatedDateOfCommencement]		[EstimatedTotalForMonth7-12]		[EstimatedTotalForMonth19-24]		[EstimatedTotalForMonth31-36]	
Concrete cubes and cores									
Soils (In-situ)									
Soils (Laboratory)									
Steel reinforcement									
Steel section/strand									
Others									

Notes :  
Please use the space below or separate sheet if insufficient space above, or for explanatory notes, special requests etc.

Requested by :-

Name : [RequestedByName]	Signature : [RequestedBySignature]
Post : [RequestedByPost]	
Tel. No. : [RequestedByTelephoneNumber]	
Fax No. : [RequestedByFaxNumber]	
Email : [RequestedByEmailAddress]	Date : [RequestedByDate]


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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
LabContent	For laboratory use only
LabContent\AccountNumber	Account No.
LabContent\DateReceived	Date received
AccountContent\WorksDeptOffice	Works Dept/Office
AccountContent\PWPIItemNumber	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\MaterialTEstingServices	A. Please indicate below the required material testing services:
TestRequestedContent\OthersDescription	Others (Please specify)
CollectionServiceContent\GovernmentOfficeInChargeName	Name
CollectionServiceContent\GovernmentOfficeInChargePost	Post
CollectionServiceContent\GovernmentOfficeInChargeTelephoneNumber	Tel. No.
CollectionServiceContent\GovernmentOfficeInChargeFaxNumber	Fax No.
CollectionServiceContent\GovernmentOfficeInChargeAddress	Address
CollectionServiceContent\GovernmentOfficeInChargeEMail	Email
CollectionServiceContent\ConsultantInChargeName	Name
CollectionServiceContent\ConsultantInChargePost	Post
CollectionServiceContent\ConsultantInChargeTelephoneNumber	Tel. No.
CollectionServiceContent\ConsultantInChargeFaxNumber	Fax No.
CollectionServiceContent\ConsultantInChargeAddress	Address
CollectionServiceContent\ConsultantInChargeEMail	Email
CollectionServiceContent\RepresentativeOnSiteName	Name
CollectionServiceContent\RepresentativeOnSitePost	Post
CollectionServiceContent\RepresentativeOnSiteTelephoneNumber	Tel. No.
CollectionServiceContent\RepresentativeOnSiteFaxNumber	Fax No.
CollectionServiceContent\DeliveredBySitePersonOneName	Name
CollectionServiceContent\DeliveredBySitePersonOnePost	Post

CollectionServiceContent\DeliveredBySitePersonOneTelephoneNumber	Tel. No.
CollectionServiceContent\DeliveredBySitePersonOneFaxNumber	Fax No.
CollectionServiceContent\DeliveredBySitePersonTwoName	Name
CollectionServiceContent\DeliveredBySitePersonTwoPost	Post
CollectionServiceContent\DeliveredBySitePersonTwoTelephoneNumber	Tel. No.
CollectionServiceContent\DeliveredBySitePersonTwoFaxNumber	Fax No.
CollectionServiceContent\SiteContactPersonForSampleName	Name
CollectionServiceContent\SiteContactPersonForSamplePost	Post
CollectionServiceContent\SiteContactPersonForSampleTelephoneNumber	Tel. No.
CollectionServiceContent\SiteContactPersonForSampleFaxNumber	Fax No.
CollectionServiceContent\SiteContactPersonForSampleEMail	Email
CollectionServiceContent\RecipientOfResultsName	Name
CollectionServiceContent\RecipientOfResultsPost	Post
CollectionServiceContent\RecipientOfResultsTelephoneNumber	Tel. No.
CollectionServiceContent\RecipientOfResultsFaxNumber	Fax No.
CollectionServiceContent\RecipientOfResultsEMail	Email
CollectionServiceContent\RecipientOfTestCertificatesName	Name
CollectionServiceContent\RecipientOfTestCertificatesPost	Post
CollectionServiceContent\RecipientOfTestCertificatesTelephoneNumber	Tel. No.
CollectionServiceContent\RecipientOfTestCertificatesFaxNumber	Fax No.
CollectionServiceContent\RecipientOfTestCertificatesAddress	Address
CollectionServiceContent\PersonToCollectTestCertificateName	Name
CollectionServiceContent\PersonToCollectTestCertificatePost	Post
CollectionServiceContent\PersonToCollectTestCertificateTelephoneNumber	Tel. No.
CollectionServiceContent\PersonToCollectTestCertificateFaxNumber	Fax No.
TestRequirementContent\DateOfContractCommencement	Date of contract commencement
TestRequirementContent\DateOfEstimatedContractCompletion	Date of estimated contract completion
TestRequirementContent\TestRequirementsR	Material

RecordContent\MaterialName	
TestRequirementContent\TestRequirementsRecordContent\TypeOfTest	Type of test
TestRequirementContent\TestRequirementsRecordContent\EstimatedDateOfCommencement	Estimated date of testing commencement
TestRequirementContent\TestRequirementsRecordContent\EstimatedTotalForMonth1-6	1-6
TestRequirementContent\TestRequirementsRecordContent\EstimatedTotalForMonth7-12	7-12
TestRequirementContent\TestRequirementsRecordContent\EstimatedTotalForMonth13-18	13-18
TestRequirementContent\TestRequirementsRecordContent\EstimatedTotalForMonth19-24	TestRequirementContent\TestRequirementsRecordContent\EstimatedTotalForMonth19-24
TestRequirementContent\TestRequirementsRecordContent\EstimatedTotalForMonth25-30	25-30
TestRequirementContent\TestRequirementsRecordContent\EstimatedTotalForMonth31-36	31-36
TestRequirementContent\TestRequirementsRecordContent\EstimatedTotalForRemainder	Remainder
TestRequirementContent\Notes	Please use the space below or separate sheet ...
RequestedByContent\RequestedBy Name	Name
RequestedByContent\RequestedByPost	Post
RequestedByContent\RequestedBySignature	Signature
RequestedByContent\RequestedByTelephoneNumber	Tel. No.
RequestedByContent\RequestedByFaxNumber	Fax No.
RequestedByContent\RequestedByEmailAddress	Email
RequestedByContent\RequestedByDate	Date

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


 <b>Public Works Laboratories</b> Geotechnical Engineering Office, Hong Kong		<div>[CalibrationUnitUseContent]</div> <table border="1"> <tr> <td colspan="2"><b>For laboratory use only</b></td> </tr> <tr> <td>Test Request No.</td> <td>[TestRequestNumber]</td> </tr> <tr> <td>Estimated completion date</td> <td>[EstimatedCompletionDate]</td> </tr> </table>		<b>For laboratory use only</b>		Test Request No.	[TestRequestNumber]	Estimated completion date	[EstimatedCompletionDate]
<b>For laboratory use only</b>									
Test Request No.	[TestRequestNumber]								
Estimated completion date	[EstimatedCompletionDate]								
<b>REQUEST FORM FOR CALIBRATION/ CHECKING OF EQUIPMENT</b>		Client Ref. No. [ClientReferenceNumber] <div>[AccountContent]</div>							
Client [Client] To : PWCL - Calibration Unit <div>[CalibrateOrCheck]</div>									
Please arrange to <input type="checkbox"/> calibrate / <input type="checkbox"/> check the following equipment :									
Type of equipment	: [TypeOfEquipment]	<div>[EquipmentContent]</div>							
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]	<div>[CalibrateOrCheckingRequirements]</div>							
[RangeOrValue]	: [DefinitionOfRangesValues]								
Required accuracies	: [RequiredAccuracies]								
Other requirements	: [OtherRequirements]								
The above equipment is in good working condition and is ready for									
Requested by									
Name	: [RequestedByName]	<div>[RequesterContent]</div>							
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 intended to be used.									
Remarks: <div>[Remarks]</div>									
<div>To be completed by PWCL/Calibration Unit</div>									
Completed by									
Signature	: [CompletedBySignature]	<div>[CompletedByContent]</div>							
Name	: [CompletedByName]								
Post	: [CompletedByPost]								
Date	: [CompletedByDate]								
C Eng D (GEO) 2017 Jan 2005									



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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
CalibrationUnitUseContent	For laboratory use only
CalibrationUnitUseContent\TestRequestedNumber	Test Request No.
CalibrationUnitUseContent\EstimatedCompletionDate	Estimated completion date
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	Scope of
CalibrateOrCheckingRequirements\RangeOrValue	
CalibrateOrCheckingRequirements\DefinitionOfRangesValues	
CalibrateOrCheckingRequirements\RequiredAccuracies	Required accuracies
CalibrateOrCheckingRequirements\OtherRequirements	Other requirements
RequesterContent\RequestedBy Name	Name
RequesterContent\RequestedByPost	Post
RequesterContent\RequestedByTelephone Number	Tel. No.
RequesterContent\RequestedByFaxNumber	Fax No.
RequesterContent\RequestedByDate	Date
RequesterContent\Remarks	Remarks
CompletedByContent\CompletedBySignature	Signature
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)



**Public Works Laboratories**  
 Geotechnical Engineering Office, Hong Kong

**REQUEST FORM FOR SAMPLE COLLECTION SERVICE (FOR PWCL)  
STEEL FABRIC**

**PART A : Request** *(To be completed and then faxed to PWCL<sup>1</sup> by a project assistant inspectorate grade officer or above (or his delegate))*

Job [Job]  
 Client (Dept/Office) [Client]  
 No. of samples to be collected [NumberOfSampleCollected]  
 Location of samples to be collected [LocationOfSampleCollected]  
 Site Contact Person [SiteContactPerson] Site Tel. No. [SiteTelephoneNumber]  
 Are preliminary test results by Fax required? ☐ Yes ☐ No  
 If yes, please provide Fax No. for the [PreliminaryTestResult] No. [PreliminaryTestResultFaxNumber]

Job/Contract No. [JobContractNumber]  
 Client Ref. No. [ClientReferenceNumber]  

Requested by :-  
 Signed [RequestedBySigned]  
 Name [RequestedByName]  
 Post [RequestedByPost]  
 Date [RequestedByDate]

**Sample Collection Details** *(use separate collection form for each test request form for miscellaneous steel testing [No.C Eng D (GEO) 2404])*  
 Please test the accompanying samples in accordance with BS 4483:1985

Client Sample	Sample Description	Type of Wire	BS Reference	Diameter of Longitudinal	Diameter of Cross	Grade of Wire	Manufacturer	Remarks
[ClientSampleReferenceNumber]	[SampleDescription]	[TypeOfWire]	[BSReferenceNumber]	[DiameterOfLongitudinal]	[DiameterOfCrossWire]	[GradeOfWire]	[Manufacturer]	[Remarks]
[SampleCollectionRecordContent]								

**PART B : Confirmation** *(To be completed and then faxed to the contract laboratory by PWCL staff)*

Collected samples should be delivered to [DeliveredTo]  
 Contract allocated to provide the service [ContractAllocated]  
 Date/Time of sample collection service request received :-  
 [CollectionDate] [CollectionTime]  
 Date/Time of notifying the contract laboratory :-  
 [NotifyingDate] [NotifyingTime]

Test Request No. :  
 Notified by :-  
 Signed [NotifiedBySigned]  
 Name [NotifiedByName]  
 Post [NotifiedByPost]

*(To be completed by project site staff)*  
 Agreed by :-  
 Signed [AgreedBySigned]  
 Name [AgreedByName]  
 Post [AgreedByPost]  
 Date/Time [AgreedByDate] [AgreedByTime]

*(To be completed by contract laboratory staff)*  
 Collected by :-  
 Signed [CollectedBySigned]  
 Name [CollectedByName]  
 Post [CollectedByPost]  
 Date/Time [CollectedByDate] [CollectedByTime]

<sup>1</sup>Name, address, telephone number and fax number of PWL :-

PWL : PWCL (GM)  
 Address : PWCL Building, Cheung Yip Street, Kowloon Bay, Kowloon.  
 Telephone No. : [PWLTelephoneNumber] Fax No. : [PWLFaxNumber]

C Eng D (GEO) 2409 Jan 2005

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


<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
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\PreliminaryTestResultFaxNumber	If yes, please provide Fax No. ...
RequestContent\RequestedBySigned	Signed
RequestContent\RequestedByName	Name
RequestContent\RequestedByPost	Post
RequestContent\RequestedByDate	Date
RequestContent\SampleCollectionRecordContent\ClientSampleReferenceNumber	Client Sample No.
RequestContent\SampleCollectionRecordContent\SampleDescription	Sample description
RequestContent\SampleCollectionRecordContent\TypeOfWire	Type of Wire
RequestContent\SampleCollectionRecordContent\BSReferenceNumber	BS Reference No.
RequestContent\SampleCollectionRecordContent\DiameterOfLongitudinal	Diameter of Longitudinal
RequestContent\SampleCollectionRecordContent\DiameterOfCrossWire	Diameter of Cross Wire
RequestContent\SampleCollectionRecordContent\GradeOfWire	Grade of Wire
RequestContent\SampleCollectionRecordContent\Manufacturer	Manufacturer
RequestContent\SampleCollectionRecordContent\Remarks	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

Works Project Information Standard

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

AuthorizationContent\AgreedByTime	
AuthorizationContent\CollectedBySigned	Signed
AuthorizationContent\CollectedByName	Name
AuthorizationContent\CollectedByPost	Post
AuthorizationContent\CollectedByDate	Date/Time
AuthorizationContent\CollectedByTime	
AuthorizationContent\PWLTeléfonoNumbe r	Telephone No.
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)



**Public Works Laboratories**  
Geotechnical Engineering Office, Hong Kong

**For laboratory use only**

Collection Request No. (CRN)	[CollectionRequestNumber]
Test Request No. (TRN)	[TestRequestNumber]

**TESTING REQUEST FOR SOIL MATERIALS  
FOR CHECKING OF COMPLIANCE WITH  
SPECIFICATION REQUIREMENTS**

(Please read guidance notes attached prior to completion of this form)

Account No. (if available) [AccountNumber]	Client Test Request Ref. No. [ClientTestRequestReferenceNumber]
(Please provide the following project information if account no. is not available)	
Client (Works Dept/Office) [Client]	Contract No. [ContractNumber]
Job Title [JobTitle]	Job No. [JobNumber]
Work/Site Location [WorkSiteLocation]	
Sampling location <sup>(1)</sup> : [SamplingLocation]	
Sample type <sup>(2)</sup> : [SamplingType]	

Lab. Sample Ref. No.	Received <sup>(3)</sup> sample mass	Client Sample Ref. No. <sup>(4)</sup>	Tests requested <sup>(5)</sup>	Drying method <sup>(6)</sup>	Additional information and requirements <sup>(6)</sup>
[LabSampleReferenceNumber]	[ReceivedSampleMass]	[ClientSampleReferenceNumber]	[TestRequested]	[DryingMethod]	[AdditionalInformationAndRequirements]
			[TestRequestContent]		

(The following part is recommended to be vetted and signed by a qualified professional engineer responsible for checking of compliance.)

<b>Requested by</b> Signature : [RequestedBySignature] Name : [RequestedByName] Post : [RequestedByPost] Tel. No. : [RequestedByTelephoneNumber] Fax No. : [RequestedByFaxNumber] Date : [RequestedByDate]	<b>Consultant (if applicable)</b> : [ConsultantSignature] : [ConsultantName] : [ConsultantPost] : [ConsultantTelephoneNumber] : [ConsultantFaxNumber] : [ConsultantDate]
--	---

**Samples to be delivered by<sup>(7)</sup>**

Name : [DeliveredByName] Post : [DeliveredByPost] Tel. No. : [DeliveredByTelephoneNumber] Fax No. : [DeliveredByFaxNumber]	
---	--

Fill in the box below the name, mailing and e-mail address to which the test certificate(s) should be sent or else mark ☐ "To be collected" if the client requests to collect the certificate(s) from the laboratory in person<sup>(8)</sup>.

[DeliveryName]

[DeliveryAddress]

☐ "To be collected" [ToBeCollected]

[ToBeDeliveredContent]


C Eng D (GEO) 2509 (Sheet 1 of 2) Jul 2007

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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
LabInfoContent	For laboratory use only
LabInfoContent\CollectionRequestNumber	Collection Request No. (CRN)
LabInfoContent\TestRequestNumber	Test Request No. (TRN)
AccountInfoContent\AccountNumber	Account No. (if available)
AccountInfoContent\ClientTestRequestReferenceNumber	Client 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
SampleContent\SamplingLocation	Sampling location
SampleContent\SamplingType	Sampling type
TestRequestContent\LabSampleReferenceNumber	Lab. Sample Ref. No.
TestRequestContent\ReceivedSampleMass	Received sample mass
TestRequestContent\ClientSampleReferenceNumber	Client Sample Ref. No.
TestRequestContent\TestRequested	Test requested
TestRequestContent\DryingMethod	Drying method
TestRequestContent\AdditionalInformationAndRequirements	Additional information and requirements
ConfirmationContent\RequestedBySignature	Signature
ConfirmationContent\RequestedByName	Name
ConfirmationContent\RequestedByPost	Post
ConfirmationContent\RequestedByTelephoneNumber	Tel. No.
ConfirmationContent\RequestedByFaxNumber	Fax No.
ConfirmationContent\RequestedByDate	Date
ConfirmationContent\ConsultantSignature	Consultant (if applicable)
ConfirmationContent\ConsultantName	Name
ConfirmationContent\ConsultantPost	Post
ConfirmationContent\ConsultantTelephoneNumber	Tel. No.
ConfirmationContent\ConsultantFaxNumber	Fax No.
ConfirmationContent\ConsultantDate	Date
ConfirmationContent\DeliveredByName	Name
ConfirmationContent\DeliveredByPost	Post
ConfirmationContent\DeliveredByTelephoneNumber	Tel. No.
ConfirmationContent\DeliveredByFaxNumber	Fax No.



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

 <b>Public Works Laboratories</b> Geotechnical Engineering Office, Hong Kong		<b>For laboratory use only</b> Collection Request No. (CRN) [CollectionRequestNumber] Test Request No. (TRN) [TestRequestNumber]	
<b>TEST REQUEST FOR LABORATORY SOIL TESTING</b> (Please read guidance notes attached prior to completion of this form)			
Account No. (if available) [AccountNumber]		Client Test Request Ref. No. [ClientTestRequestReferenceNumber]	
(Please provide the following project information if account no. is not available)			
Client (Works Dept./Office) [Client]		Contract No. [ContractNumber] [AccountInfoContent]	
Job Title [JobTitle]		Job No. [JobNumber]	
Work/Site Location [WorkSiteLocation]			

Test requested (Select appropriate box)	Description of test	PWLTM No.
<input type="checkbox"/> Test 2.3.2 A(105+/-5C) / B(4) [TestRequestedName] <input type="checkbox"/> Test Method 5.1(45+/-5C) / [TestRequestedName]	Determination of Moisture Content by oven drying	[DeterminationOfMoistureContentInfo]
<input type="checkbox"/> Test 2.3.2C of GEO Report No. 36 [TestRequestedName] <input type="checkbox"/> Test Method 5.3 of Geospec 3. [TestRequestedName]	Comparative test for the determination of moisture content by oven drying.	[ComparativeTestForDeterminationOfMoistureContentInfo]
<input type="checkbox"/> Test 2.4.3 of GEO Report No. 36. [TestRequestedName]	Determination of Liquid Limit By The Cone Penetrometer Method	[DeterminationOfLiquidLimitByTheConePenetrometerMethodInfo]
<input type="checkbox"/> Test 2.5.3 of GEO Report No. 36. [TestRequestedName]	Determination of Plastic Limit, Plasticity Index and Liquid Limit Index.	[DeterminationOfPlasticLimitInfo]
<input type="checkbox"/> Test Method 6.1 of Geospec 3. [TestRequestedName]	Determination of Liquid Limit, Plastic Limit and Plasticity Index.	[DeterminationOfLiquidLimitInfo]
<input type="checkbox"/> Test Method 6.2 of Geospec 3. [TestRequestedName]	Determination of Liquidity Index.	[DeterminationOfLiquidityIndexInfo]
<input type="checkbox"/> Test 2.9.2 A / B of GEO Report No. 36. [TestRequestedName] <input type="checkbox"/> Test Method 8.1 / 8.2 of Geospec 3. [TestRequestedName]	Determination of Particle Size Distribution by wet sieving without dispersant, using [RequestedUsingMethod]	[DeterminationOfParticleSizeDistributionByWetSievingInfo]
<input type="checkbox"/> Test 2.9.5 A / B of GEO Report No. 36. [TestRequestedName] <input type="checkbox"/> Test Method 8.5 / 8.6 of Geospec 3. [TestRequestedName]	Determination of Particle Size Distribution by the hydrometer without dispersant, using [RequestedUsingMethod]	[DeterminationOfParticleSizeDistributionByHydrometerMethodInfo]
<input type="checkbox"/> Test 2.9.6 of GEO Report No. 36. [TestRequestedName] <input type="checkbox"/> Test Method 8.7 of Geospec 3. [TestRequestedName]	Construction of a continuous Particle Size Distribution Curve from the results of wet-sieving and hydrometer analysis.	[ConstructionOfContinuousSizeDistributionCurveInfo]
<input type="checkbox"/> Test 4.3.3(A) / 4.3.3(B) / 4.3.4(A) / 4.3.4(B) of GEO Report 36. [TestRequestedName]	Determination of Dry Density and Moisture Content 2 point 5 Kg Rammer	SOL 4.1(a)/4.1(b)/4.1(c)
<input type="checkbox"/> Test Method 10.1 / 10.2 / 10.3 / 10.4 of Geospec 3. [TestRequestedName]	Determination of Dry Density and Moisture Content 4 point 5 Kg Rammer	SOL 4.2(a)/4.2(b)/4.2(c)/4.2(d)
<input type="checkbox"/> BS1377:1975 Test 13 with modification. [TestRequestedName]	Determination of Dry Density and Moisture Content 4 point 5 Kg Rammer	SOL 4.3
<input type="checkbox"/> Test Method 10.1 / 10.2 / 10.3 / 10.4 of Geospec 3. [TestRequestedName]	Determination of Degree of Compaction	[DeterminationOfLaboratoryCompactionInfo]
<input type="checkbox"/> BS1377:1990 Cl. 7 with modification. [TestRequestedName]	Determination of Degree of Compaction	[DeterminationOfLaboratoryCompactionInfo]
<input type="checkbox"/> Test Method 12.1 of Geospec 3. [TestRequestedName]	Is soaked / unsoaked; % moisture content; kPa.	GSP 12.1
<input type="checkbox"/> Others (please specify) [Others] [OtherDescription] [Surcharge]		[TestRequestedContent]

**Sample details:-**  
 Sampling/Testing location<sup>(1)</sup>: [SampleTestingLocation]

Sample type: ☐ bulk samples / ☐ vibro-cores / ☐ others (Please indicate)<sup>(2)</sup>: [OtherSampleType]

Sample	Additional information <sup>(4)</sup>	Remark
[SampleNumber]	[AdditionalInformation]	[Remarks]
[SampleDetailsRecordContent]		
[SampleDetailsContent]		

**Other information**  
 Oven-drying temperature: ☐ 45+/-5C ☐ 125+/-5C ☐ Microwave Oven.  
 Preliminary test result ☐ is ☐ is not required. If require, please state Fax no.:- [PreliminaryTestResultFaxNumber]

**Samples(s) delivery supervised by<sup>(5)</sup> :-**

Signature : [DeliverySupervisedBySignature] Name : [DeliverySupervisedByName] Post/Affiliation : [DeliverySupervisedByPost] Tel. No. : [DeliverySupervisedByTelephoneNumber] Fax No. : [DeliverySupervisedByFaxNumber] Date : [DeliverySupervisedByDate]	<b>Test(s) requested by :-</b> Signature : [RequestedBySignature] Name : [RequestedByName] Post/Affiliation : [RequestedByPost] Tel. No. : [RequestedByTelephoneNumber] Fax No. : [RequestedByFaxNumber] Date : [RequestedByDate]
---	---

Fill in the box below the name, mailing and e-mail address to which the test certificate(s) should be sent or else mark ☐ "To be collected" if the client requests to collect the certificate(s) from the laboratory in person.

Name : [DeliveryName]	[ToBeCollected]
[ToBeDeliveredContent]	
Address : [DeliveryAddress]	

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

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\ClientTestRequestReferenceNumber	Client 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\DeterminationOfMoistureContentInfo	Determination of Moisture Content by ...
TestRequestedContent\ComparativeTestForDeterminationOfMoistureContentInfo	Comparative test for the ...
TestRequestedContent\DeterminationOfLiquidLimitByTheConePenetrometerMethodInfo	Determination of Liquid Limit by the cone penetrometer method.
TestRequestedContent\DeterminationOfPlasticLimitInfo	Determination of Plastic Limit, ...
TestRequestedContent\DeterminationOfLiquidLimitInfo	Determination of Liquid Limit, Plastic Limit ...
TestRequestedContent\DeterminationOfLiquidityIndexInfo	Determination of Liquidity Index.
TestRequestedContent\DeterminationOfParticleSizeDistributionByWetSievingInfo	Determination of Particle Size Distribution by wet sieving ...
TestRequestedContent\DeterminationOfParticleSizeDistributionByWetSievingInfo\RequestedUsingMethod	without disperant, using
TestRequestedContent\DeterminationOfParticleSizeDistributionByHydrometerMethodInfo	Determination of Particle Size Distribution by hydrometer method ...
TestRequestedContent\DeterminationOfParticleSizeDistributionByHydrometerMethodInfo\RequestedUsingMethod	without disperant, using
TestRequestedContent\ConstructionOfContinuousSizeDistributionCurveInfo	Construction of a continuous Particles ...
TestRequestedContent\DeterminationOfDryDensityAndMoistureContent2point5KgRammerInfo	Determination of Dry Density & Moisture Content ... and 2.5 kg Rammer).
TestRequestedContent\DeterminationOfDryDensityAndMoistureContent4point5KgRammerInfo	Determination of Dry Density & Moisture Content ... and 4.5 kg Rammer).
TestRequestedContent\DeterminationOfLaboratoryCbrInfo	Determination of laboratory CBR test ...
TestRequestedContent\DeterminationOfLaboratoryCbrInfo\DegreeOfCompaction	Degree of compaction:
TestRequestedContent\DeterminationOfLaboratoryCbrInfo\MoistureContent	% of moisture content:
TestRequestedContent\DeterminationOfLaboratoryCbrInfo\DegreeOfCompaction	



ratoryCbrInfo\IsSoaked	
TestRequestedContent\DeterminationOfLaboratoryCbrInfo\Surcharge	surcharge:
TestRequestedContent\Others	Others (please specify)
TestRequestedContent\OtherDescription	
SampleDetailsContent	Sample details:-
SampleDetailsContent\SamplingTestingLocation	Sampling/Testing location
SampleDetailsContent\SampleType	Sample type
SampleDetailsContent\OtherSampleType	Others (Please indicate)
SampleDetailsContent\SampleDetailsRecordContent\SampleNumber	Sample no.
SampleDetailsContent\SampleDetailsRecordContent\AdditionalInformation	Additional information
SampleDetailsContent\SampleDetailsRecordContent\Remark	Remarks
OtherInfoContent	Other information/requirement:-
OtherInfoContent\OvenDryTemperature	Oven-drying temperature of sample shall be:
OtherInfoContent\PreliminaryTestResult	Preliminary test result
OtherInfoContent\PreliminaryTestResultFaxNumber	If require, please state Fax No.:-
AuthorizationContent\DeliverySupervisedBySignature	Signature
AuthorizationContent\DeliverySupervisedByName	Name
AuthorizationContent\DeliverySupervisedByPost	Post/Affiliation
AuthorizationContent\DeliverySupervisedByTelephoneNumber	Tel. No.
AuthorizationContent\DeliverySupervisedByFaxNumber	Fax No.
AuthorizationContent\DeliverySupervisedByDate	Date
AuthorizationContent\RequestedBySignature	Signature
AuthorizationContent\RequestedByName	Name
AuthorizationContent\RequestedByPost	Post/Affiliation
AuthorizationContent\RequestedByTelephoneNumber	Tel. No.
AuthorizationContent\RequestedByFaxNumber	Fax No.
AuthorizationContent\RequestedByDate	Date
ToBeDeliveredContent	Fil in the box below the name and address ...
ToBeDeliveredContent\ToBeCollected	“To be collected”
ToBeDeliveredContent\DeliveryName	Name
ToBeDeliveredContent\DeliveryAddress	Address

**3.48 WDD – 13.0 – 1.0 (GF 521 Works Order Message)**

ORIG. - White Paper - Contractor's Copy  
 DUPL. - Yellow Paper - Work Supervisor's Copy  
 TRIP. - Blue Paper - Inspector of Work's Copy  
 QUAD. - Pink Paper - Book Copy

WORKS ORDER NO. [WorksOrderNumber]

[Department] DEPARTMENT

From [FromName]  
[FromAddress]

To [ToName]  
[ToAddress]

Please carry out the Works as detailed below which shall commence \* [CommencePeriodFlag] [CommencingOn]  
 and be completed on or before [CompletedOn] under the terms of Contract No. [ContractNumber] (PWP No. [PWPNumber])  
 CONTRACT TITLE [ContractTitle]

Signature [OrderPersonSignature]  
 Name [OrderPersonName] Designation [OrderPersonDesignation]

Inspector of Works [InspectorOfWorks] \* [OrderPersonTitle] Date [OrderDate]

Item No.	Location	Description of Works
[ItemNumber]	[LocationOfWorks]	[DescriptionOfWorks]
[ItemRecordInfoContent]		[ItemInformationContent]

Estimated value of Works \$ [EstimatedValueOfWorks]

Certified that the above mentioned work was satisfactorily completed in accordance with the Contract on [CertifiedCompletionDate]

[CertifiedCompletionContent]

Signature [CertifiedBySignature]  
 Name [CertifiedByName] Designation [CertifiedDesignation]  
 \* [CertifiedByTitle] Date [CertifiedDate]

VOTE RECORD

USER CODES [UserCodes1]  
[UserCodes2]

F.A./A.W. [FAOrAW] [VoteRecordContent]

File Reference [FileReferenceNumber] in [FileReferenceNumber]  
 [FileEnclosureNumber]  
 Commitment recorded by [CommitmentRecordBy] Date [CommitmentRecordDate]

This copy is to be obtained by the Contractor when applying for certification of completion and is to be returned to the Contractor after certification.  
 \* to be deleted where inapplicable  
 GF 521

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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
WorksOrderNumber	WORKS ORDER NO.
Department	DEPARTMENT
FromName	From
FromAddress	
ToName	To
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\EstimatedValueOfWorks	Estimated value of Works \$
CertifiedCompletionContent\CertifiedCompletionDate	...with the Contract on
CertifiedCompletionContent\CertifiedBySignature	Signature
CertifiedCompletionContent\CertifiedName	Name
CertifiedCompletionContent\CertifiedDesignation	Designation
CertifiedCompletionContent\CertifiedByTitle	*
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\CommitmentRecordDate	Date

### 3.49 WDD – 13.1 – 1.0 (Variation Order)

7.145	2006 Edition
APPENDIX 7.21 VARIATION ORDER FORM	
VARIATION ORDER NO. _____	
Dear Sir,	
Contract No. _____	
_____	
_____	
In accordance with Clause 60 of the General Conditions of Contract, please carry out the following:	
* In accordance with Clause 62(1) of the General Conditions of Contract, Items Nos..... are to be executed on day work basis.	
Yours faithfully,	
Name/Designation of the Engineer or Engineer's Representative	
c.c.	<input type="checkbox"/>
* delete where inapplicable	

[OrderContent]

[Con

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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
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)

7.1462006 Edition

APPENDIX 7.22STANDARD LETTER FOR VARIATION ORDER

VALUATION OF VARIATION ORDER NO. \_\_\_\_\_

Dear Sir,

Contract No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I refer to Variation Order No. .... dated .....

In accordance with Clause 61 of the General Conditions of Contract, the rate(s) for the following items of work in the said variation order shall be as follows:

Item No.	Description	Quantity/Unit	Rate \$	Amount \$
<div></div>				

The above quantities are subject to re-measurement in accordance with the Contract.

\* This

based on prices current at the time of tender and are subject to Contract Price Fluctuations.

\* This

based on prices current on the dates on which the work was carried out and are not subject to Contract Price Fluctuations.

Yours faithfully,

The Engineer for the Contract

b.c.c. D of A

Relevant Consultants' Management Office  
(for consultant-managed contracts)  
Engineer's Representative  
STA (or responsible Accounts Officer), departmental headquarters  
SE/CA (or responsible Contract Adviser), departmental headquarters

)  
) with current  
) financial  
) statement  
)  
)  
)

\* delete where inapplicable

[ItemNumber]

[ItemDescription]

[OrderNumber]

[OrderNumber]

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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
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 STATEMENT		
		[ValuationOfVariationOrderNumber]
Appendix to Valuation of Variation Order No.....		
[Department] DEPARTMENT		
[Division] [DivisionType]		
CURRENT FINANCIAL STATEMENT		
(For internal use only, not to be issued to Contractor)		
Current approved contract sum (C)		[CurrentApprovedContractSum]
(Approval ref ..... dated - .....)		
[ApprovalReference] [ApprovalDate]		
Anticipated final value of billed items		[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]
Estimated value of other work not yet covered by valuation of variation orders		[OtherWorkNotYetCoveredEstimatedValue]
Anticipated value of outstanding claims		[AnticipatedOutstandingClaims]
Anticipated further sum against CPF		[AnticipatedFurtherSumAgainstCPF]
Any other items (give details) [OtherItemsDetailsDescription]		[OtherItemsValue]
Sub-total (Z)		[EstimatedValueSubTotal]
# Anticipated further increase in contract sum (I) = (Z - Q)		[AnticipatedFurtherIncreaseInContractSum]
Anticipated Final Contract Sum (F) = (C + I)		[AnticipatedFinalContractSum]
Note: The original contract sum was		[OriginalContractSum]
The original contingency was		[OriginalContingency]
<p>* if <math>Q &lt; 0</math>, an increase in contract sum is required</p> <p># if <math>Q &gt; Z</math>, <math>I = 0</math></p>		



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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
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)

Contract No.: [ContractNumber]	
Contractor: [Contractor]	
Contract Title: [ContractTitle]	
<b>Contractor's General Submission</b>	
To: [SubmissionTo]	
Title of Submission: [TitleOfSubmission]	
Submission Ref. No.: [SubmissionReferenceNumber] Sheet 1 of 1	
Proposed Location of Works: [ProposedLocationOfWorks]	Description of Contents: [DescriptionOfContents]
Fill up the following items (if applicable)/Please refer to the attached submission:	
Specification Reference: [SpecificationReference]	
Drawing Reference: [DrawingReference]	
Details: <input type="checkbox"/> Please refer to attachment ( <input type="checkbox"/> hardcopies + <input type="checkbox"/> electronic copies ) <small>[ReferToAttachmentIndicator] <small>[NumberOfHardcopies]</small> <small>[NumberOfElectronicCopies]</small></small> <input type="checkbox"/> See Below [IncludeDetailsDescriptionIndicator]  [DetailsDescription]	
Originator: [Originator]	Checked by: [CheckedBy]
Purpose of Submission: For Approval <input checked="" type="checkbox"/> For Information <input type="checkbox"/> [PurposeOfSubmission]	
Submission:	Acknowledge Receipt with Date:
From: [SubmissionFrom]	Name: [AcknowledgeReceiptName]
Name: [SubmissionFromName]	Title: [AcknowledgeReceiptDesignation]
Signature: [SubmissionFromSignature]	Signature: [AcknowledgeReceiptSignature]
Date: [SubmissionFromDate]	Date: [AcknowledgeReceiptDate]
Remarks:  [Remarks]	

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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
ContractorNumber	Contract No.
Contractor	Contractor
ContractTitle	Contract Title
SubmissionTo	To
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

**[ReferenceClauseNumber]**

**[AckByGovtStaffName]**

**[AckByGovtStaffDesignation]**

**[AckByGo**

**[Contract Number]**

**[ContractTitle]**

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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
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 TO SITE

Type of Bituminous Material \_\_\_\_\_ Quarry Order No. \_\_\_\_\_  
Contract No. \_\_\_\_\_ Date \_\_\_\_\_ Weather \_\_\_\_\_ Temperature \_\_\_\_\_ °C

[illegible]

Recorded by: [ContractNumber] Designation: [DeliveredDate]

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[Location]	[LorryNumber]	[TimeLeftQuarry]	[TimeArrivedSite]	[TimeDep
------------	---------------	------------------	-------------------	----------

Ref. No. PS0B3D

[SourceOfSupply]	[DeliveryChannelNumber]
------------------	-------------------------

[BituminousDeliveredRec

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

<b>PDF e-form Object Name for data capture</b>	<b>PDF Form Description</b>
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 Plant	Temperature At Mixing Plant
BituminousDeliveredRecord\TemperatureOnArrival	Temperature On Arrival
BituminousDeliveredRecord\TemperatureWhenPlacing	Temperature When Placing
BituminousDeliveredRecord\Remarks	Remarks
RecordedBy	Recorded By
Designation	Designation

### 3.55 WDD – 14.3 – 1.0 (Mandatory Provident Fund Notification Form)

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#### 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.:	
Contract Title:	
Contract Sum:	
Date for the commencement of Contract:	
Construction Period:	
Location of Site:	
Type of Works: *	
Name of Contractor:	
Company address of Contractor:	
Telephone Number:	
Facsimile Number:	
Name of contact person:	
Estimated number of workers:	under direct employment _____ employed by sub-contractors _____ estimated total number _____
Name of Nominated Sub-contractor(s) (if any):	
Name of Domestic Sub-contractor(s) (if any):	
Remarks:	

##### Information provided by the Contractor to:

Name: \_\_\_\_\_  
Post: \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Date \_\_\_\_\_

##### \* Types of work:

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



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

<b>PDF e-form Object Name for data capture</b>	<b>PDF Form Description</b>
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
EstimatedNumberOfWorkersUnderDirectEmployment	Estimated number of workers under direct employment
EstimatedNumberOfWorkersEmployedBySub-contractors	Estimated number of workers employed by 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)

7.175 2006 Edition

**APPENDIX 7.42 SHOTFIRER'S CHARGING DETAILS**  
 [REGULATION 56(1) OF DANGEROUS GOODS  
 (GENERAL) REGULATIONS, CAP 295]

Date: [Date]

Name of Contractor: [NameOfContractor]
Site Code: [SiteCode]

Name of Shotfirers: [ShotfirerInfoContent]

1. [NameOfShotfirer] MBC NO. [MBCNumber]

2. [MBCNumber] MBC NO.:

3. [MBCNumber] MBC NO.:

4. [MBCNumber] MBC NO.:

Time of Blasting : (1) [TimeOfBlasting] (2) [TimeOfBlasting] (3) [TimeOfBlasting]

	Type	Qty Received	Qty Consumed	Qty Destroyed
Cartridged Explosives	<span style="border: 1px solid black; padding: 2px;">[BlastType]</span>	<span style="border: 1px solid black; padding: 2px;">[BlastQtyReceived]</span>	<span style="border: 1px solid black; padding: 2px;">[BlastQtyConsumed]</span>	<span style="border: 1px solid black; padding: 2px;">[BlastQtyDestroyed]</span>
Bulk Explosives				
Detonators				
Accessories				

[BlastCode] [SCBlastRecordDisplay]

Shotfirer i/c : [ShotfirerICName]  
 (Name) [CountersignedBySupervisorNumber]

[ShotfirerICSignature]  
 Signature

Countersigned by Explosives Supervisor No.: [CountersignedBySupervisorSignature]  
 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.

These plans should be certified correct by the shotfirer i/c .

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

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	Type
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

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

Contract No.: [ContractNumber]	
Contractor: [Contractor]	
Contract Title: [ContractTitle]	
<b>Contractor's Design Submission</b>	
To: [SubmissionTo]	
Title of Submission: [TitleOfSubmission]	
Submission Ref. No.: [SubmissionReferenceNumber] Sheet 1 of 1	
Description of Contents: [DescriptionOfContents]	
Details: <input type="checkbox"/> Please refer to attachment ( <input type="checkbox"/> hardcopies + <input type="checkbox"/> electronic copies ) <small>[ReferToAttachmentIndicator] [NumberOfHardcopies] [NumberOfElectronicCopies]</small> <input type="checkbox"/> See Below [IncludeDetailsDescriptionIndicator]  [DetailsDescription]	
Fill up the following items (if applicable):	
Works Discipline: [WorksDiscipline] Designer: [Designer] Independent Checking Engineer: [IndependentCheckingEngineer] Nature of Works (Permanent / Temporary): [NatureOfWorks] Applicable Standard: [ApplicableStandard] Design Drawings Provided (Yes / No): [DesignDrawingsProvided] Design Calculation Provided (Yes / No): [DesignCalculationProvided]	
Originator: [Originator]      Checked by: [CheckedBy]	
Purpose of Submission: For Approval <input checked="" type="checkbox"/> For Information <input type="checkbox"/> [PurposeOfSubmission]	
Submission:	Acknowledge Receipt with Date:
From: [SubmissionFrom]	Name: [AcknowledgeReceiptName]
Name: [SubmissionFromName]	Title: [AcknowledgeReceiptDesignation]
Signature: [SubmissionFromSignature]	Signature: [AcknowledgeReceiptSignature]
Date: [SubmissionFromDate]	Date: [AcknowledgeReceiptDate]
Remarks: [Remarks]	

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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
ContractorNumber	Contract No.
Contractor	Contractor
ContractTitle	Contract Title
SubmissionTo	To
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

**Message)**

Contract No.: [ContractNumber]	
Contractor: [Contractor]	
Contract Title: [ContractTitle]	
<b>Contractor's Material Submission</b>	
To: [SubmissionTo]	
Title of Submission: [TitleOfSubmission]	
Submission Ref. No.: [SubmissionReferenceNumber] Sheet 1 of 1	
Description of Contents: [DescriptionOfContents]	
Details: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="checkbox"/> Please refer to attachment (           <div style="display: flex; justify-content: space-between; width: 80%;"> <span>[ReferToAttachmentIndicator]</span> <span>[NumberOfHardcopies]</span> </div>           hardcopies +           <div style="display: flex; justify-content: space-between; width: 80%;"> <span>[IncludeDetailsDescriptionIndicator]</span> <span>[NumberOfElectronicCopies]</span> </div>           electronic copies)         </div> <div> <input type="checkbox"/> See Below            [DetailsDescription]         </div> </div>	
Fill up the following items (if applicable)/Please refer to the attached submission:	
Type of Product or Services: [TypeOfProductOrServices]	
Name of Product or Services: [NameOfProductOrServices]	
Name of Origin: [NameOfOrigin]	
Supplier's Name: [SupplierName]	
Quantity of Sample Submitted and Other Description: [QuantitySubmittedAndOtherDescription]	
Proposed Location of Use: [ProposedLocationOfUse]	
Applicable Specification Clause: [ApplicableSpecificationClause]	
Originator: [Originator]	Checked by: [CheckedBy]
Purpose of Submission: For Approval <input checked="" type="checkbox"/> For Information <input type="checkbox"/> [PurposeOfSubmission]	
Submission:	Acknowledge Receipt with Date:
From: [SubmissionFrom]	Name: [AcknowledgeReceiptName]
Name: [SubmissionFromName]	Title: [AcknowledgeReceiptDesignation]
Signature: [SubmissionFromSignature]	Signature: [AcknowledgeReceiptSignature]
Date: [SubmissionFromDate]	Date: [AcknowledgeReceiptDate]
Remarks: [Remarks]	



[illegible]



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

<b>PDF e-form Object Name for data capture</b>	<b>PDF Form Description</b>
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)

<u>Contract Rate Statistics</u>			
<b>Record 1</b>			
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]		[ContractRateRecordContent] (0)
% of Contract Sum	: [PercentageOfContractSum]		
Report Year	: [ReportYear]	Report Month	: [ReportMonth]
Tender Time	: [TenderTime]	Ref. No.	: [ReferenceNumber]
Particular	: [Particular]		
Rank	: [Rank]		
District	: [District]	New SCC	: <input type="checkbox"/> Yes <input type="checkbox"/> No [NewSCC]
<b>Record 2</b>			
Code ID	:	BoQ Item ID	:
Description	:		
Quantity	:		
1st Tender Rate	:	2nd Tender Rate	:
3rd Tender Rate	:	Current Award Rate	:
Remarks	:		[ContractRateRecordContent] (1)
% of Contract Sum	:		
Report Year	:	Report Month	:
Tender Time	:	Ref. No.	:
Particular	:		
Rank	:		
District	:	New SCC	: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Record 3</b>			
Code ID	:	BoQ Item ID	:
Description	:		
Quantity	:		
1st Tender Rate	:	2nd Tender Rate	:
3rd Tender Rate	:	Current Award Rate	:
Remarks	:		[ContractRateRecordContent] (2)
% of Contract Sum	:		
Report Year	:	Report Month	:
Tender Time	:	Ref. No.	:
Particular	:		
Rank	:		
District	:	New SCC	: <input type="checkbox"/> Yes <input type="checkbox"/> No

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

<b>PDF e-form Object Name for data capture</b>	<b>Title/Description on PDF Form</b>
ContractRateRecordContent\CodeID	Code ID
ContractRateRecordContent\ItemID	BoQ Item ID
ContractRateRecordContent\WorksDescription	Description
ContractRateRecordContent\ItemQuantity	Quantity
ContractRateRecordContent\FirstTenderRate	1 <sup>st</sup> Tender Rate
ContractRateRecordContent\SecondTenderRate	2 <sup>nd</sup> Tender Rate
ContractRateRecordContent\ThirdTenderRate	3 <sup>rd</sup> Tender Rate
ContractRateRecordContent\CurrentAwardRate	Current Award Rate
ContractRateRecordContent\Remarks	Remarks
ContractRateRecordContent\PercentageOfContractSum	% of Contract Sum
ContractRateRecordContent\ReportYear	Report Year
ContractRateRecordContent\ReportMonth	Report Month
ContractRateRecordContent\TenderTime	Tender Time
ContractRateRecordContent\ReferenceNumber	Ref. No.
ContractRateRecordContent\Particular	Particular
ContractRateRecordContent\Rank	Rank
ContractRateRecordContent\District	District
ContractRateRecordContent\NewSCC	New SCC



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

[illegible]

### 3.62 WDD – 19.0 – 1.0 (Reinforced Bar Schedule)

[illegible]

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

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
Type	Type and Size
Size	
NumberOfMembers	No. of members
NumberOfBarsInEach	No. in each
TotalNumbersOfBars	Total No.
ShapeDetails\ShapeCode	Shape code
ShapeDetails\DimensionA	A <sup>*</sup> mm
ShapeDetails\DimensionB	B <sup>*</sup> mm
ShapeDetails\DimensionC	C <sup>*</sup> mm
ShapeDetails\DimensionD	D <sup>*</sup> mm
ShapeDetails\DimensionER	E/R <sup>*</sup> mm
LengthOfEachBar	Length of each bar mm
TotalLength	Total length M <sup>#</sup>
MassPerMeter	Mass/metre kg <sup>%</sup>
TotalMass	Total mass kg <sup>%</sup>
PrepareByPersonName	Prepared by
PrepareByTitle	Designation
PrepareDate	Date
CheckedByName	Checked by
CheckedByTitle	Designation
CheckedByDate	Date
Amendments	Amendments







**Form 2a - Statistics of Claims**[illegible]

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

<b>PDF e-form Object Name for data capture</b>	<b>PDF Form Description</b>
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\Section	Revised Completion Date of Each Section of the Contract Section
RevisedCompletionDateOfEachSectionDetails\OriginalCompletionDate	Revised Completion Date of Each Section of the Contract Original Completion Date
RevisedCompletionDateOfEachSectionDetails\RevisedCompletionDate	Revised Completion Date of Each Section 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**

FORM C

Claim Registry  
(Situation as at )

Department \_\_\_\_\_  
Development Office \_\_\_\_\_

[illegible]

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

**[Department]**

**[DevelopmentOffice]**

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

<b>PDF e-form Object Name for data capture</b>	<b>PDF Form Description</b>
SituationAsAt	(Situation As At)
Department	Department
DevelopmentOffice	Development Office
ClaimsRecordContent\ContractNumber	Contract Number
ClaimsRecordContent\ClaimsNotifiedRecordContent\ClaimsNotifiedNumber	Claimed Notified Number
ClaimsRecordContent\ClaimsRecordContent\ClaimsResolvedRecordContent\Number	Claimed Resolved Number
ClaimsRecordContent\ClaimsRecordContent\ClaimsResolvedRecordContent\EOTClaimed	Claimed Resolved EOT Claimed (days)
ClaimsRecordContent\ClaimsRecordContent\ClaimsResolvedRecordContent\EOTAwarded	Claimed Resolved EOT Awarded (days)
ClaimsRecordContent\ClaimsRecordContent\ClaimsResolvedRecordContent\AmountClaimed	Claimed Resolved Amount Claimed \$M
ClaimsRecordContent\ClaimsRecordContent\ClaimsResolvedRecordContent\AmountAwarded	Claimed Resolved Amount Awarded \$M
ClaimsRecordContent\ClaimsUnresolvedRecordContent\Number	Claimed Unresolved Number
ClaimsRecordContent\ClaimsUnresolvedRecordContent\NumberOfClaimsForCostOnly	Claimed Unresolved No. of Claims for Cost Only
ClaimsRecordContent\ClaimsUnresolvedRecordContent\NumberOfClaimsForTimeOnly	Claimed Unresolved No. of Claims for Time Only
ClaimsRecordContent\ClaimsUnresolvedRecordContent\NumberOfClaimsForCostAndEOT	Claimed Unresolved No. of Claims for Cost and EOT
ClaimsRecordContent\ClaimsUnresolvedRecordContent\EOTClaimed	Claimed Unresolved EOT Claimed (days)
ClaimsRecordContent\ClaimsUnresolvedRecordContent\EngEstOnEOT	Claimed Unresolved Eng. Estimate on EOT (days)
ClaimsRecordContent\ClaimsUnresolvedRecordContent\EOTAwarded	Claimed Unresolved EOT Awarded (days)
ClaimsRecordContent\ClaimsUnresolvedRecordContent\AmountClaimed	Claimed Unresolved Amount Claimed \$M
ClaimsRecordContent\ClaimsUnresolvedRecordContent\EngEstLiability	Claimed Unresolved Eng. Estimated Liability \$M
ClaimsRecordContent\ClaimsUnresolvedRecordContent\InterimAwarded	Claimed Unresolved Interim Award \$M
ClaimsResolvedTotalRecordContent\TotalEOTClaimed	Claimed Resolved EOT Claimed (days) Total
ClaimsResolvedTotalRecordContent\TotalEOTAwarded	Claimed Resolved EOT Awarded (days) Total
ClaimsResolvedTotalRecordContent\TotalAmountClaimed	Claimed Resolved Amount Claimed \$M Total
ClaimsResolvedTotalRecordContent\TotalAmountAwarded	Claimed Resolved Amount Awarded \$M Total
ClaimsUnresolvedTotalRecordContent\TotalEOTClaimed	Claimed Unresolved EOT Claimed (days) Total
ClaimsUnresolvedTotalRecordContent\TotalEngEstOnEOT	Claimed Unresolved Eng. Estimate on EOT (days) Total
ClaimsUnresolvedTotalRecordContent\TotalEOTAwarded	Claimed Unresolved EOT Awarded (days) Total

<b>PDF e-form Object Name for data capture</b>	<b>PDF Form Description</b>
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

Contract Information

FORM D

Development Office

Claim Registry (Situation as at )

Contract No.	Contract Title	Consultant	Name of Contractor	Works Substantially Completed (Date)	Works on-going

[DevelopmentOffice]

[ClaimRegistry]

[SituationAsAt]

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

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