

The Center for Scientific and Technological Equipment, Suranaree University of Technology

(Authorized person only)							
Requested No//							
Date							
Time							
Sample Receiver							

111 University Avenue, Suranaree Sub-district, Mueang District, Nakhon Ratchasima 30000 Tel. (044) 223313-4 Fax. (044) 223260

Request Form for Constru	uction Materials Testing							
Part 1 (For customer)								
1. Name,Tel	E-mail							
Contact addressHouse No	MooSoiRoad							
Subdistrict/KhwaengDistrict/Khet	ProvincePostal Code							
2. Request for: \square Construction materials testing \square Use of scientific instr	rument (Please specify the instrument name)							
☐ Other services (please specify)								
3. Type of customer: \Box from SUT internal division	\square from other organizations							
☐ Teaching/Project SubjectSubject code								
☐ Thesis Subject codeThesis entitled	\square University in collaboration with SUT (with certified							
	letter from superior)							
☐ Research entitled	🗆 Private company 🗆 General people							
☐ Others (please specify)								
4. Customer's name and address to be specified on receipt: \Box in accordance	rdance with name and address in Item 1 \square Other (please specify)							
5. Customer's name and address to be specified on service report (In tenglish language): \Box in accordance with name and address in Item 1 \Box	the case customer requests for English version, please fill in using Other (please specify)							
(ClientProject								
6. Specimen details and service/instrument requested for use (please fi	ill in the form in Item 6 on the next page)							
6.1 Quantity of specimen (s) Request for retrieval of specimen	n container: \square No \square Yes (within 30 days after specimen (s) is delivered)							
6.2 Storage condition : ☐ Room temperature ☐ Chilled ☐ Frozen	6.6 Result Shipment : ☐ Self-receiving ☐ via post (please send the result to)							
6.3 Retrieval of specimen (s) : ☐ No ☐ Yes (within 10 days after reported date)	6.7 Payment method: ☐ By cash ☐ Money transfer (with slip) ☐ Cheque (with evidence)							
6.4 Request to be presented on service date: \square Yes \square No	6.8 Other requests (please specify							
6.5 Request for Decision criteria : ☐ No ☐ Yes, specific criteria ☐ Labor	ratory criteria							
6.9 Request for Uncertainty report: ☐ Yes ☐ No								
6.10 (For customer from SUT internal division) I hereby agree to submi-	t for payment of service used at CSTE within (Date/Month/Year)							
and declare the service cost to be responsible by								
from the abovementioned date, I authorize SUT to deduct my salary or	other income related to SUT employment for the service cost.							
$6.11\ \text{I}$ hereby agree to abide by the terms and conditions contained in	this document.							
Customer's signature	or's signature (for customer from SUT internal division only)							
-	(ioi castorile: non so i internat aivision only)							
//	/							
Part 2 (For authorized person) Review of service request								
1. Service/Service method/Instrument used								
2. Service cost:								
2.1 Service cost ratio: \Box 1 \Box 2 \Box 3 \Box 4 \Box 5 \Box 6	2.2 Total expensesTHB							
2.3 Additional cost (If any, please specify):								
2.4 Actual cost:THB (
3. Issues gained from the meeting/problem consultation with customer	r							
4. Major change incurred from the review (if any)								
5. Approval of request: ☐ Not approve and reject specimen ☐ Approve and will confer result								
on								
6. ☐ In the case there is amendment to the request, CSTE has already informed customer in writing on								
	nder a process of fulfilling the request (please							
specify)								
specify)	elated person upon this approval.							
specify)	elated person upon this approval. Signature of specimen receiver							
specify)	elated person upon this approval.							



Construction Materials Testing Laboratory

The Center for Scientific and Technological Equipment, Suranaree University of Technology Specimen Submission Form (For Concrete Specimen Testing)

Request No.: Date:										
6. Specimen Details										
Type of	Cylinder	100×200		150×300				Corring		
Specimens	Cube	100x1	100×100		150x150x150	☐				
Specimen No.	Mix/Product Code	Slump	Specime Set No		Casting Da	ate	Casting Time	Specimen Condition	Remark	
		(cm)			(on Specimen	Label)	Start at			
					/	/				
					/	/				
					/	/				
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Sample Co	ondition: 1=Good, 2=[Damaged	, 3=Con	tam	nination , 4=Hone	ycomb , !	5=Unparal	lel , 6=Unsn	mooth Surface , 7=Moist , 8=Dry	
Remark :	In the case of abnorm	al specin	nens, th	e la	aboratory will no	ot condu	ct testing	and will ret	turn the specimens.	
If the service requester confirms the need for testing, please mark with " \checkmark "										
Confirm for	testing even if the specimen doe	es not meet t	he std. crite	eria	Signature of Sampl	e Recipient				
☐ Immediately ☐ Test when the specified age is reached										
*In the event of a holiday, please conduct the testing on the date specified in the remarks column.										
Customer's signature			Π							
()										
///										
Section 3 (For Authorities)										
1. Head of Department's Comment 2. Approval Consideration							n			
Approved Others				Approved Disapproved Because of						
()						()		
//					//					



Construction Materials Testing Laboratory

The Center for Scientific and Technological Equipment, Suranaree University of Technology Specimen Submission Form (For Reinforced Steel Bar Testing)

Request No.:			Date :/ Sample No. :								
6. Sample Detail											
Specimen	Specimen	Quantity	Nominal Size	Grade	Manufacturer	Lot No. / Production Date /	Testing	Specimen			
Set No.	No.	of			(Abbreviation)	Specimen Code / Remark	Code	Condition			
		Specimen									
Customer's signature					Signature of Sample Recipient						
Customer's signature											
()											
					//						
				Sect	ion 3 (For Authori	ities)					
1. Head of Department's Comment			2. Approval Consideration								
Approved Others			Approved Disapproved Because of								
	,		,			()				
///					//						