SERC MECHANICAL TESTING LABORATORY (SMTL)

SMTL QRF 004 Issue No.: 2 Revision: 03

Effective date: Feb 5, 2024



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Job No: SMTL/20___/____

A. REVIEW OF REQUEST FORM

APPLICANT'S INFORMATION						
Applicant Name						
Company Name						
Company Address						
			Postcode			
Phone No.			Email			
Any Relationship with	☐ Yes. State the relat	tionship: _				
SMTL Personnel	□ No					
TESTING DETAILS	<u> </u>					
Equipment Required	□ 50 kN Load Cell UT	M	□ Others:			
Type of Testing	☐ Tensile Test*		□ Others:	:		
	☐ Flexural Test*					
	☐ 3 Point Bending	5 *	Note: *SAN	ЛМ Accredited		
Test Method/ Standard						
Test Parameter	☐ Test Speed:		mm/mir	1		
	*If not stated, SMTL will o	choose acco	ording to the	requirement from test method/standard.		
Test Result						
SAMPLE DETAILS (Please fill i	n Appendix if you have mo	ore than 1 s	sample)			
Sample Name						
Sample Dimension						
Type of Sample						
Method Preparation						
Number of Specimen						
Disposal	□ Self-collect □	☐ Will be posted with the test report				
PAYMENT						
☐ Full and advance payme	nt	☐ Agreed period payment between two parties				
		Date:				
DECLARATION		Dutc.				
	gree the terms and cond	ditions atta	ach with this	form and declare that all information		
and/or statement given in th	_					
Name	Applicant's					
Date	Signature:		ure:			
*SAMPLE ARE TESTED AS F	RECEIVED FROM CUSTOME	R	<u> </u>			
Reviewed by;	Reviewed by; Approved by;					
Date:	Date:					

Disclaimer: Result release upon payment confirmation and customer feedback form received.

Acceptance of Results

Collected by: Date:

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APPENDIX

No.	Sample Name	Number of Specimen	Remarks	

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Ter	Terms and conditions (T&C)			
1.	The lead time for completing the work activities within fourteen (14) working days or agreed			
	period between laboratory and customers.			
2.	SMTL does not conduct sampling. Sample tested as received from customer.			
3.	SMTL does not implement decision rule.			
4.	SMTL does not report the statement of conformity to the customer.			
5.	Charges applies for 1 sample with a maximum of 7 specimens (applicable for sample with the			
	same batch and method only).			
6.	The measurement uncertainty is available upon request with additional charges.			
7.	Specimen/sample will not be accepted unless properly labelled.			
8.	The lab bears no responsibility for loss or damage of specimen/sample after			
	job/examination/analyse completion.			

Result release upon payment confirmation and customer feedback received.

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FOR INTERNAL USE

B. <u>CHECKLIST FOR REVIEW OF TESTING</u>

1.	Sample			
1.	•			
	□ Adequate □ Not Adequate		Remarks:	
2.	Condition of Samples (SAMPLE ARE TESTED	AS RECE	IVED FROM CUSTOMER)	
	□ Acceptable	Remar	ks:	
	□ Not Acceptable			
3.	Standard Method specified in application can be followed			
	☐ Yes ☐ No	Remar	ks:	
4.	Availability of Equipment			
	☐ Available ☐ Not Available	Remar	ks:	
5.	Payment			
	☐ Full and advance payment		Remarks:	
	$\ \square$ Agreed period payment between two par	ties		
	Noted: with approval Technical/ Quality Mar	nager		
6.	Proceed to conduct testing: Yes No			
	If YES:		Remarks:	
	☐ Inform Customer ☐ Return Sam	ple		
	\square Issue a non-conformity \square Others			
	If NO:		Remarks:	
	☐ Inform Customer ☐ Return Sam	ple		
	☐ Issue a non-conformity ☐ Others			
7.	Test Report			
	☐ SAMM Logo ☐ No SAMM Logo		Remarks:	
8.	Technical Analyst In Charge:			
	Reviewed by;		Approved by;	
— Da	 hte:		Date:	