



SERVICE REQUEST FORM

ATD- Advanced Technology Department
Electrical System Testing Services (1)

For IDQ use only

SR No.: IDQ-2025SR-_____

Obra No.: _____

EMED Ref. No.: EMED-WO-_____

Version: IDQ-Q-202501

Client:

P.O. No.(If applicable):

Address:

Tel:

E-Mail:

Fax:

Project name:

Contact person:

Location:

Site contact person:

Electrical device: ☐ Switchboard (Distribution box) ☐ Power cable ☐ Busway ☐ Others : _____

Inspection standard: ☐ GB/T 16895.23-2020 ☐ IEC 60364-6:2016 ☐ GB 50303-2015

Report

Title: ☐ Same as 「Client」 ☐ _____

Report

Language: ☐ CHINESE

☐ ENGLISH

Price list item no.	Test items	Unit price	Quantity	Amount
6.1.1	Insulation Resistance Test (per day)	\$5,000.00		
6.1.5	Overtime Additional Charge (1 person .hour)	\$500.00		
6.1.6	Saturday, Sunday, Public Holiday or Government Holiday Additional Charge	50% of Basic Charge		
6.1.7	Labor Holiday Additional Charge	100% of Basic Charge		
6.1.8	Attendance fee (applicable to the case which attended to the site but the conditions are not available to test)	\$500.00		
For IDQ use only	Discount : _____		%	
	Total : _____		MOP	

Remark :

NOTE :

ALL SERVICES ARE SUBJECT TO THE TERMS AND CONDITIONS OF THE PRICE LIST AND REMARKS (6.1.1).

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AD contact person:

Contact person:

☐ Cannot provide the related service

**By signing this SRF, you are aware of and agree to comply with the conditions of service and corresponding remarks in the " IDQ Service Price List" and are bound by them.

Client's acceptance:	Received by:	Approved by:	Confirmed by:
Signature & company stamp:			
Date:	Date:	Date:	Date: