



SERVICE REQUEST FORM		For IDQ use only SR No.: IDQ-2025SR-_____	
TEED-Thermal and Environmental Engineering Department Fire Test		Obra No.: _____ Version: IDQ-Q-202501	
Client:		P.O. No.(If applicable):	
Address:		Tel:	
E-Mail:		Fax:	
Project name:		Contact person:	

Price list item no.	Test items	Unit price	Quantity	Amount
4.3	Fire Pipeline Pressure Test (witness service)	\$1,500.00		
4.4	Fire Hydrant / Sprinkler Water Flow Rate and Pressure Test (half day)	\$2,000.00		
4.5	Non-office hour testing			
4.5.1	Mon-Thu 17:45-00:00. Fri 17:30-00:00 (Except holidays)	50% of basic charge		
4.5.2	Mon-Fri 00:00-09:00 (Except holidays)	100% of basic charge		
4.6	Saturday, Sunday, public holiday or government holiday(09:00-18:00)	50% of basic charge		
4.7	Saturday, Sunday, public holiday or government holiday(18:00-00:00)	100% of basic charge		
4.8	Saturday, Sunday, public holiday or government holiday(00:00-09:00)	150% of basic charge		
4.9	Labor holiday additional charge	200% of basic charge		
4.10	Attendance fee (applicable to the case which attended to the scene 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 (4.3/4.4). THE TEST METHOD PLEASE REFER TO THE DETAILS OF ANALYSIS REQUEST FORM.
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For IDQ use only	AD contact person:	<input type="checkbox"/> Cannot provide the related service
	Contact person:	

**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:



Analysis Request form

TEED—Thermal and Environmental Engineering Department
Fire Test

For IDQ use only

SR No.: IDQ-2025SR-_____

Obra No.: _____

Version: IDQ-Q-202501

Remark :

****The Analysis Request form must be submitted together with the SRF. Please refer to the above table for the testing basis of test items.**

Client's acceptance:

Signature & company stamp:

Date:

Approved by:

Date: