

GEOMEMBRANE CHAIN OF CUSTODY & TEST REQUEST

CLIENT			INVOICE (complete if different from Client)					
Company:			Company:					
Address:			Address:					
City, State, Zip:		City, State, Zip:						
Contact:	Phone:		Contact:	Phone:				
E-mail:	Cell:		E-mail:	Cell:				
PROJECT								
Project Name:		CI	lient Project #:	Purchase Order#:				
Project Location:		G	TX Sales Order #:	Requested Turnaround:				
On-site Contact:		E٠	-mail:	Phone:				

GEOMEMBRANE		12)	Carbon Black Content (ASTM D 1603 / D 4218)	Density (ASTM D 792 / D 1505)	Dimensional Stability (ASTM D 1204)	ех 1238)	Puncture Strength (ASTM D 4833 / FTMS 101C meth. 2065)	Tear Resistance (ASTM D 1004)	Tensile Properties (ASTM D 638 / D 6693)	Thickness (ASTM D 5199 / D 5994)	Wide-Width Tensile (ASTM D 4595)		
Product Description (Product name, manufacturer, etc.)	Sample ID	Asperity (GRI GM 12)	Carbon (ASTM [Density (ASTM E	Dimensi (ASTM I	Melt Index (ASTM D 1238)	Punctur (ASTM E FTMS 10	Tear Re: (ASTM I	Tensile (ASTM E	Thickne (ASTM E	Wide-Wi (ASTM [Other:	Other:

Remarks:

AUTHORIZE BY SIGNING AND DATING:

SIGNATURE:_

 Date:
 Date:
 Received by:
 Date

 Time:
 Time:
 Time:

 Relinquished by:
 Date:
 Time:

 Time:
 Time:
 Time:

DATE:

PRINT NAME:

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