

GEOTEXTILE 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:											
	PROJEC	ROJECT																
Project Name:							Client Project #: Purchase Order#:											
Project Location:														sted Turnaround:				
On-site Contact:	E-mail:	E-mail: Phone:																
GEOTEXTILE			Apparent Opening Size (ASTM D 4751)	Grab Strength and Elongation (ASTM D 4632)	CBR Puncture (ASTM D 6241)	Mass Per Unit Area (ASTM D 3776 / D 5261)	Mullen Burst (ASTM D 3786)	Permittivity (ASTM D 4491)	Puncture Strength (ASTM D 4833 / FTMS 101C Method 2065)	Seam Destructive (ASTM D 4884)	Strip Tensile (ASTM D 5035	Thickness (ASTM D 1777 / D 5199)	Trapezoidal Tear (ASTM D 4533)	Wide-Width Tensile (ASTM D 4595)				
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Description			Dare	S dE	A F	S E	T le	T I	octu STM MS 1	# E	οE	r k	pez	A-F	Other:	Other:		
(Product name, manufacturer, etc.)	Sample I	n	App (AS	Gra (AS	CB (AS	Mas (AS	Ma (AS)	Per (AS	Pur FT	Ses (AS	Stri	A Thi	Tra (AS	(A Wic	盲	盲		
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Remarks:	Remarks:																	
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Relinquished by:				Date:		P	Received by:							Time: Date:				
				Time:			Noodivou by.								Time:			