DESTRUCTIVE SEAM 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:		С	lient Project #:	Purchase Order#:		
Project Location:		G	TX Sales Order #:	Requested Turnaround:		
On-site Contact:		E	-mail:	Phone:		

GEOMEMBRANE SEAMS		Weld Type Resin Type	Resin Type	Top Panel #	Bottom Panel #	Machine ID	Welder ID	Date Sampled
Product Description (Product name, manufacturer, etc.)	Sample ID				۵ 			

Please Specify Test Method	ASTM D 6392	ASTM D 413	ASTM D 751	ASTM D 7408*
*Please Specify Product Type	HDPE	LLDPE	Other:	

AUTHORIZE BY SIGNING AND DATING:					
SIGNATURE:	PRINT	NAME:	DATE:	DATE:	
Relinguished by:	Date:	Received by:		Date	
	Time:			Time:	
Relinquished by:	Date:	Received by:		Date:	
	Time:	-		Time:	

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