



## GEOCOMPOSITE / GEONET / GEOGRID CHAIN OF CUSTODY & TEST REQUEST

CLIENT	
Company:	
Address:	
City, State, Zip:	
Contact:	E-mail:
Phone:	Fax:

PROJECT	
Project Name:	
Address:	Client Project #:
City, State, Zip:	
On-site Contact:	E-mail:
Phone:	Fax:

INVOICE (complete if different from client)	
Company:	
Address:	
City, State, Zip:	
Contact:	E-mail:
Phone:	Fax:

GENERAL	
Purchase Order #:	GTX Sales Order #:
Shipped By:	Date Shipped:
Mode of Shipment:	Requested Turnaround:
Send Results To:	<input type="checkbox"/> CLIENT OFFICE <input type="checkbox"/> PROJECT OFFICE
Send Results Via:	<input type="checkbox"/> E-MAIL <input type="checkbox"/> FAX <input type="checkbox"/> VERBAL <input type="checkbox"/> HARD COPY

GEOCOMPOSITE / GEONET / GEOGRID		Aperture Size (caliper)	Carbon Black Content (ASTM D 1603 / D 4218)	Density (ASTM D 792 / D 1505)	Junction Strength (GRI GG2)	Mass Per Unit Area (ASTM D 3776 / D 5261)	Ply Adhesion (ASTM D 413 / D 7005 / F 904 / GRI GC7)	Rib Tensile Strength (ASTM D 6637 / GRI GG1)	Thickness (ASTM D 1777 / D 5199)	Transmissivity (ASTM D 4716) *see below	Wide-Width Tensile (ASTM D 4595)	Other: _____
Product Description (product name, manufacturer, etc.):	Sample ID											
1												
2												
3												
4												
5												
6												
7												
8												

### \*Transmissivity Instructions

Test Normal Load(s)				
Normal Load Units (select one)	<input type="checkbox"/> lbs/ft <sup>2</sup> (psf)	<input type="checkbox"/> lbs/in <sup>2</sup> (psi)	<input type="checkbox"/> kPa	<input type="checkbox"/> Other:

Gradient(s)				Seating Period
-------------	--	--	--	----------------

Boundary Conditions (Steel Plates, Soils, Compaction, etc.):
--

AUTHORIZE BY SIGNING AND DATING:		
SIGNATURE: _____	PRINT NAME: _____	DATE: _____

Relinquished By:	DATE:	Received By:	DATE:
	TIME:		TIME:
Relinquished By:	DATE:	Received By:	DATE:
	TIME:		TIME: