

GEOMEMBRANE 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

GEOMEMBRANE		Asperity (GRI GM 12)	Carbon Black Content (ASTM D 1603 / D 4218)	Carbon Black Dispersion (ASTM D 3015 / D 5596)	Density (ASTM D 792 / D 1505)	Dimensional Stability (ASTM D 1204)	Melt Index (ASTM D 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 4885)	Other: _____	Other: _____
Product Description (product name, manufacturer, etc.):	Sample ID													
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
Remarks:														

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: