

INTERFACE SHEAR 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

Interface Shear Instructions – ASTM D 5321 / ASTM D 6243

- a) Test Type: Isolated Interface Multiple Interfaces (floating) – skip to “c” below
- b) Interface: Soil vs. Geosynthetic Geosynthetic vs. Geosynthetic
- c) If Soil:
 - 1) ID:
 - Compact to % of maximum dry density at % moisture content
 - GTX to perform Proctor test by: ASTM D 698 – Standard OR ASTM D 1557 – Modified
 - Client to provide Proctor test results
 - 2) (if necessary) ID:
 - Compact to % of maximum dry density at % moisture content
 - GTX to perform Proctor test by: ASTM D 698 – Standard OR ASTM D 1557 – Modified
 - Client to provide Proctor test results
- d) Geosynthetics:
 - 1) ID & Description:
 - 2) (if necessary) ID & Description:
 - 3) (if necessary) ID & Description:
 - 4) (if necessary) ID & Description:
- e) Orientation: Machine Direction Cross Machine Direction
- f) Test Profile – Top to Bottom (give sample ID):
 - 1)
 - 2)
 - 3)
 - 4)
 - 5)
 - 6)
 - 7)

Test Normal Load(s) Typically at least 3	Point 1	Point 2	Point 3	Point 4	Point 5
Normal Load Units (select one)	<input type="checkbox"/> lbs/ft ² (psf)	<input type="checkbox"/> lbs/in ² (psi)	<input type="checkbox"/> kPa	<input type="checkbox"/> Other:	

Shear Rate (select one)	<input type="checkbox"/> 0.04 in/min (1 mm/min)	<input type="checkbox"/> Other:
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Hydration/Consolidation Instructions:

Wet or Dry Test?

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: