



## ROCK 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:

**GeoTesting Express, Inc.**  
 125 Nagog Park  
 Acton, MA 01720  
 800 434 1062 Toll Free  
 978 635 0266 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

2662 Holcomb Bridge Road, Suite 310  
 Alpharetta, GA 30022  
 770 645 6575 Tel  
 770 645 6570 Fax

[www.geotesting.com](http://www.geotesting.com)

ROCK		CERCHAR Abrasivity (ASTM D 7625) Specify test stylus hardness: 55 HRC/40HRC	Direct Shear (ASTM D 5607) *specify conditions below	Direct Tensile Strength (ASTM D 2936)	Elastic Moduli in Triaxial Compression (ASTM D 7012B)	Elastic Moduli in Uniaxial Compression (ASTM D 7012D)	Freeze-Thaw Durability (ASTM D 5312)	Wet-Dry Durability (ASTM D 5313)	Air Permeability (ASTM D 4525)	Petrographic Analysis (ISRM)	Point Load Index (ASTM D 5731) Specify orientation: Diametral, Axial, Lump/Block	Punch Penetration (Handwith)	Pulse Velocities and Ultrasonic Constants (ASTM D 2845)	Slake Durability (ASTM D 4644)	Splitting (Brazilian) Tensile Strength (ASTM D 3967)	Total Hardness (Schmidt Hammer and Taber Abrasion)	Triaxial Compression (ASTM D 7012A) *specify conditions below	Unconfined Compression (ASTM D 7012C)	Other: _____	Other: _____
*please include core run # and depth if known	Sample ID																			
1																				
2																				
3																				
4																				
5																				
6																				

\*Specify Test Conditions (Test Normal Loads, Test Confining Stresses, etc.):

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

<b>Relinquished By:</b>	DATE:	<b>Received By:</b>	DATE:
	TIME:		TIME:
<b>Relinquished By:</b>	DATE:	<b>Received By:</b>	DATE:
	TIME:		TIME: