

DESTRUCTIVE SEAM 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 SEAMS								
Sample ID		Weld Type	Resin Type	Top Panel #	Bottom Panel #	Machine ID	Welder ID	Date Sampled
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

PLEASE SPECIFY TEST METHOD: ASTM D 6392 D 44377 D 413 D 751

Comments:

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: