GeoTesting EXPRESS

ROCK CHAIN OF CUSTODY & TEST REQUEST

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CLIENT		INVOICE (complete if different from Client)	
Company:		Company:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Contact:	Phone:	Contact:	Phone:
E-mail:	Cell:	E-mail:	Cell:

PROJECT		
Project Name:	Client Project #:	Purchase Order#:
Project Location:	GTX Sales Order #:	Requested Turnaround:
On-site Contact:	E-mail:	Phone:

ROCK			CERCHAR Abrasivity (ASTM D 7625) * 55HRC/40HRC	Direct Shear (ASTM D5607)*	Direct Tensile Strength (ASTM D 2936)	Elastic Moduli in Triaxial Compression (ASTM D 7012B)	Elastic Moduli in Uniaxial Compression (ASTM D 7012D)	Unit Weight (ISRM)	Petrographic Analysis (ISRM)	Point Load Index (ASTM D 5731)* Diametral, Axial, Lump/Block	Punch Penetration (Handewith)	Slake Durability (ASTM D 4644)	Splitting (Brazilian) Tensile Strength (ASTM D 3967)	Schmidt Hammer (ASTM D 5873)	Total Hardness (Schmidt Hammer and Taber Abrasion)	Triaxial Compression (ASTM D 7012A)	Unconfined Compression (ASTM D 7012C)	Other:_____	Other:_____
Boring ID	**Sample ID**	**Depth**																		

*Specify Test Conditions (Undisturbed or Remolded, Density and Moisture, Test Normal Loads, Test Confining Stresses, etc.):

AUTHORIZE BY SIGNING AND DATING:

SIGNATURE:_____ **PRINT NAME:** _____ **DATE:** _____

For GTX Use Only
Incoming Sample Inspection Performed ☐
Adverse conditions:
_____

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