GeoTesting EXPRESS

GEOTEXTILE CHAIN OF CUSTODY & TEST REQUEST

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:

GEOTEXTILE		Apparent Opening Size (ASTM D 4751)	Grab Strength and Elongation (ASTM D 4632)	CBR Puncture (ASTM D 6241)	Mass Per Unit Area (ASTM D 3776 / D 5261)	Mullen Burst (ASTM D 3786)	Permittivity (ASTM D 4491)	Puncture Strength (ASTM D 4833 / FTMS 101C Method 2065)	Seam Destructive (ASTM D 4884)	Strip Tensile (ASTM D 5035	Thickness (ASTM D 1777 / D 5199)	Trapezoidal Tear (ASTM D 4533)	Wide-Width Tensile (ASTM D 4595)	Other:_____	Other:_____
Product Description (Product name, manufacturer, etc.)	**Sample ID**														

Remarks:

AUTHORIZE BY SIGNING AND DATING:

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

Relinquished by:	**Date:** **Time:**	**Received by:**	**Date** **Time:**
Relinquished by:	**Date:** **Time:**	**Received by:**	**Date:** **Time:**

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