

GEOMEMBRANE CHAIN OF CUSTODY & TEST REQUEST

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

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

GEOMEMBRANE		Asperity (GRI GM 12)	Carbon Black Content (ASTM D 1603 / D 4218)	Density (ASTM D 792 / D 1505)	Dimensional Stability (ASTM D 1204)	Melt Index (ASTM D 1238)	Puncture Strength (ASTM D 4833 / FTMS 101C meth. 2065)	Tear Resistance (ASTM D 1004)	Tensile Properties (ASTM D 638 / D 6693)	Thickness (ASTM D 5199 / D 5994)	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:	Received by:	Date
	Time:		Time:
Relinquished by:	Date:	Received by:	Date:
	Time:		Time: