



GEOCOMPOSITE / GEONET / GEOGRID 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:	

GEOCOMPOSITE / GEONET / GEOGRID		Aperture Size (Calliper)	Compression (ASTM D 6364)	Density (ASTM D 792 / D 1505)	Junction Strength (GRI GG2)	Mass Per Unit Area (ASTM D 3776 / D 5261)	Stiffness (ASTM D 7748)	Ply Adhesion (ASTM D 413 / D 7005 / F 904 / GRI GC7)	Flexural Rigidity (ASTM D 7748)	Rib Tensile Strength (ASTM D 6637 / GRI GG1)	Thickness (ASTM D 1777 / D 5199)	Transmissivity* (ASTM D 4716)	Wide-Width Tensile (ASTM D 4595)	Other: _____	Other: _____
Product Description (Product name, manufacturer, etc.)	Sample ID														

*Transmissivity Instructions					
Test Normal Load(s)					
Normal Load Units (Select one)	<input type="checkbox"/> lbs/ft ² (psf)	<input type="checkbox"/> lbs/in ² (psf)	<input type="checkbox"/> kPa	<input type="checkbox"/> Other: _____	
Gradient(s)				Seating Period	

Boundary Conditions (Steal Plates, Soils, Compaction, Etc.):

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: