

# Project Information Confirmation

Please ensure that these are correct at the time of submission. Alterations at a later time can be very time consuming and may incur charges to redo test results or AGS data.

GEO /
(for Geolabs use only)

**Project Title** (as you want it to occur on all reports, invoices etc.)

**Your Project Reference** (if specified, will appear in addition to the Geolabs Project Number)

**Your Purchase Order Number** (must be specified if required by your Accounts Department)

**Your Details** (where results will be sent, samples returned and any queries directed)

Company Name	
Contact Name	
Email(s)	
Telephone(s)	
Address	

**Accounts Department** (where invoice will be sent). Leave fields empty if same as above.

Company Name	
Individual Name	
Email(s)	
Telephone	
Address	

Would you require the invoice posted as well as emailed?	<input type="checkbox"/>	Yes	No, if empty
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Do you require a hard copy of the results? (£25.00/hour. Min 1 hour)	<input type="checkbox"/>	Yes	No, if empty
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Do you require the test results in AGS format? (£25.00/hour. Min 1 hour)	<input type="checkbox"/>	Yes	No, if empty
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All AGS reports will be in 4 unless specified.

Your samples will be disposed of 30 days after invoicing unless you specify below. Additional charges for storage may apply

Examples: "2 years", "Until further notice", "3 months"

<input type="checkbox"/>	(Please put your initials) I have checked the above details as being correct and acknowledge that changes made at a later date to labelling or AGS requirements may incur charges.
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Company	0	Project No.  GEO /  for Geolabs use only
Contact Details	0	
Project name	0	

Possible Hazard identification

Non-hazardous

Hazardous

Unknown

### SCHEDULE OF SOIL TESTS

Sample				Und'd Triaxials			Other tests							Chemical Tests					Special Tests					Additional Tests				Test Instructions			
BH / TP No.	Depth (m)	Sample Ref.	Sample Type	Set of 3 x 38mm specimens	Multi Stage (38, 70 or 100mm)	Single Stage (38, 70 or 100mm)	Consolidation / Swelling	Particle Density	Atterberg Limits (1 or 4 Point Cone)	Sieve Analysis (note at what %age sedimentation is req'd)	Pipette Sedimentation	Compaction Tests (2.5kg, 4.5kg, Vibro)	Moisture Condition Value (One Point or Calibration)	California Bearing Ratio	Natural Water Content	pH	Sulphate Determination Total / 2:1 W/S or Groundwater	Organic content or Loss on Ignition	BRE SD1 Suite (All sites / Brownfield / Pyritic)	Contamination Testing (Please specify type)	Consolidated Undrained Triaxial (diam and type (Single / M/S / Set))	Consolidated Drained Triaxial (diam and type (Single / M/S / Set))	Triaxial Permeability	Direct Shear Tests (Size and type {quick / drained / residual})	Ring Shear Tests	Intact Dry Density / SMC	Point Load Tests / Rock UCS				
<b>Totals</b>				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	



**SCHEDULE OF  
ROCK TESTS**

<b>Company</b>	0	<b>Project No.</b>  GEO /  for Geolabs use only
<b>Contact Details</b>	0	
<b>Project name</b>	0	

Sample				Compressive Strength						Classification Tests						Tensile		Hardness			Others				Test Instructions				
BH / TP No.	Depth (m)	Sample Ref.	Sample Type	Unconfined Compression Test (UCS)	UCS with deformability: Young's Modulus	UCS with deformability: Young's Mod and Poisson's Ratio	Undrained Triaxial Compression without pwp measurement	Direct Shearbox (Modified 300mm or Hoek)	Point Load Strength. Isot of determination(s)	Swelling Pressure	Swelling Strain Index (radial)	Swelling Strain Index (Unconfined)	Porosity & Density (Buoyancy or caliper method)	Specific Gravity (Particle Density)	Slake Durability	Saturation Moisture Content	Natural Water Content	Direct Tensile Strength	Indirect Tensile Strength (Braz. Disc)	Schmidt Rebound Hammer	Shore Scleroscope	Cerchar Abrasivity	Sound Velocity	Moh's Hardness		Petrographic analysis	Roundness as per Power's		
<b>Totals</b>				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		



## CHAIN OF CUSTODY RECORD

Client Project Name:	Client Project No:	Client Purchase Order No:	GEOLABS Quotation No:	Deliver To: GEOLABS Limited Bucknalls Lane, Garston. Hertfordshire WD25 9XX Tel: 01923 892190 Fax: 01923 892191 eMail: admin@geolabs.co.uk web: www.geolabs.co.uk
Client Project Manager:		<b>Laboratory Testing Required</b>		
Client Contact Tel:				
Client Company Name:				
Client Address:				

Lab ID	Hole No./ Sample ID	Sample Ref. (*)	Sample Depth (*)	Sample Type (*)	Sample Sampled (*)									Comments	

Number of Samples:	Notes:	Relinquished By:	Relinquished By:	GEOLABS Project No:
Sheet:	(*) <b>To be completed by Client.</b>	Time                          Date	Time                          Date	
of		Received By:	Received By:	
		Time                          Date	Time                          Date	

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