



Sample Chain of Custody & Geotechnical Laboratory Testing Request Form (ASTM Methods)

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Client & Project Information	Company Name: _____	Project Name: _____
	Address: _____	Project #: _____
	City, State & Zip: _____	
	Contact Name: _____	Purchase Order #: _____
	E-mail: _____	Invoice Contact: _____
	Phone: _____	Invoice E-mail: _____

Alpine Lab Information
Alpine Contact Person: Joseph Chen, Ph.D.
Cellphone No.: (512) 656-7288
Alpine Project No.: _____
Estimated Completion Date: _____
Samples Toss Date: _____

No.	SAMPLE IDENTIFICATION		Moisture Content (ASTM D2216)	Moisture Content/Dry Unit Weight (ASTM D2937) (ASTM D7263)	% Finer than No. 200 Sieve (ASTM D1140)	Particle Size Analysis (ASTM D422) (ASTM D6913) (ASTM C136)	Particle Size Analysis w/Hydrometer (ASTM D7928) (ASTM D422)	Atterberg Limits (ASTM D4318)	Specific Gravity (ASTM D854)	Proctors Standard (ASTM D698) Modified (ASTM D1557)	CBR Test* (ASTM D1883)	1-D Swell or Collapse Test* (ASTM D4546)	Direct Shear Test* (ASTM D3080)	1-D Consolidation* (ASTM D2435) (ASTM D4186)	Unconfined Compressive Soil (ASTM D2166) Rock (ASTM D7012)*	Triaxial Compression Test* UU (ASTM D2850) CU (ASTM D4767) CD (ASTM D7181)	Permeability/Hydraulic Conductivity* Rigid wall (ASTM D2434) Flexible wall (ASTM D5084)	Minimum Soil Resistivity Test (ASTM G 187) (ASTM G57)	pH Test (ASTM G 51) (ASTM D4972)	Other - Please Specify	*Remarks (i.e. confining pressures, normal pressures, loading sequence, etc.)		
	Borehole or Sample ID	Depth																					
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							
13																							
14																							
15																							

RELINQUISHED BY (Client): Name: _____ Date: _____	RECEIVED BY (Alpine): Name: _____ Date: _____	Additional Testing Instructions/Comments: _____ _____
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