

GEOCHEMPET SERVICES SUBMISSION FORM

Phone 07 3284 0020

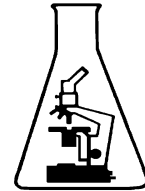
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Geochempet Services

Postal Address: PO Box 3165 Clontarf DC Qld 4019

Courier Delivery Address: U5/14 Redcliffe Gardens Drive Clontarf Qld 4019



Client Name:	
Client Address:	
Contact Name:	Email:
Phone:	Fax:

Sample Number/Label:	
Date Sampled:	Order N ^o :
Date Supplied:	
Quarry or Other Location of Sample Source:	

<input type="checkbox"/>	Sand	<input type="checkbox"/>	Aggregate	<input type="checkbox"/>	Hand spec.	<input type="checkbox"/>	Drill core	<input type="checkbox"/>	Concrete	<input type="checkbox"/>	Other
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E1, E1a, E3, E8 – Standard Petrographic Report - analysis in relation to:

<input type="checkbox"/>	Use as Concrete Sand	<input type="checkbox"/>	Potential for Alkali-Silica Reactivity
<input type="checkbox"/>	Use as Concrete Aggregate	<input type="checkbox"/>	Use as Sealing Aggregate
<input type="checkbox"/>	Use as Road Base	<input type="checkbox"/>	Use in Asphalt
<input type="checkbox"/>	Use as Rail Ballast	<input type="checkbox"/>	Use as Rip Rap
<input type="checkbox"/>	Use as Marine Armour Rock	<input type="checkbox"/>	Use as Dimension Stone
<input type="checkbox"/>	Other Use:		

*Sampling method AS1141.3.1 to be used as applicable

<input type="checkbox"/>	E2 - Standard petrographic report on a crushed river gravel or mixed rock aggregate
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<input type="checkbox"/>	E4 – Secondary Mineral Counting as per AS1141.26
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<input type="checkbox"/>	E6 Shape analysis – API 19C	<input type="checkbox"/>	Digital Image Required
<input type="checkbox"/>	E7a Rock material weathering classification AS1726	<input type="checkbox"/>	Duplicate Thin section required
<input type="checkbox"/>	Samples to be returned (\$10 Excl GST Each)		

SAFETY INFORMATION: Samples Without Proper Notification of Hazards Will Delay Processing Until a Full Assessment is Provided By the Client: *Please Check All That Apply*

<input type="checkbox"/>	Toxic	<input type="checkbox"/>	Flammable	<input type="checkbox"/>	Radioactive
<input type="checkbox"/>	Asbestos - Bearing	<input type="checkbox"/>	Explosive	<input type="checkbox"/>	Pathogenic
<input type="checkbox"/>	Other (please specify)				

I declare that the above information is true and accurate and this form is a contract to proceed with the above specified testing (print name) _____ Signature _____

SAMPLE INSTRUCTIONS (Please Circle)*: RETURN DISCARD (after 3 months)

*Additional Costs Associated with Return/Disposal May Be Charged