-														
TEST METHOD				FRACTURE TYPE			Sample Received By & Date:							
	C39/T22C78/T97		1 2 3		3	Condition	of Sample:							
-	C109/T10	)6		$\boxtimes$										
	C617/T23	31	C/1231	4	5	6								
Other:														
Accepted Failed Specified Strength Other														
Contact Name/E-Mail:							Reviewer: _				_Date: _			