|  |  |  |  |
| --- | --- | --- | --- |
| **Contractor** | [Insert text here] | **Notice of Test No.** | [Insert text here] |
| **Contract No.** | [Insert text here] | **Project No.** | [Insert text here] |
| **Project Name** | [Insert text here] | | |

| Reference GCoC Cl 31 | | Comments | |
| --- | --- | --- | --- |
| Proposed Sampling Date: | |  | |
| Test: | |  | |
| Lot Number: | |  | |
| Test Location/s: | |  | |
| Name of Testing Personnel: | |  | |
| Safety Induction: | |  | |
| **Submitted by** | | | |
| **Administrator** | | | |
| **Name** | **Signature** | | **Date** |
|  |  | |  |
| **Received by** | | | |
| **Contractor’s Representative** | | | |
| **Name** | **Signature** | | **Date** |
|  |  | |  |

Instructions: Source information includes Contractor, project number, lot number and location