|  |  |  |  |
| --- | --- | --- | --- |
| **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] |

| ReferenceGCoC 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