



17645 Juniper Path, Suite 260
Lakeville, MN 55044

ASTM D6817 Testing Request
ALL INFORMATION REQUIRED TO BE COMPLETED

Company Name: _____ Location: _____

Submitted by: _____ Send report to email(s): _____

Date: _____

ASTM D6817 Type: _____

Sample ID _____

Block Lot Number: _____

Date of Manufacture: _____

Resin Manufacturer/Grade: _____

Resin Lot Number: _____

Recycled Content: _____

Please conduct the following tests: (select one or both)

Compressive Strength Please supply 10 samples
2" x 2" x 2"

Flexural Strength Please supply 10 samples
1" x 3" x 12"

Test immediately or condition samples? (select one)

Test Immediately

Condition Samples as required by ASTM D6817

Compare results to ASTM D6817 requirements? (Please select one)

NO

YES, compare average result to requirement

YES, compare average result with consideration of uncertainty

Compare results to other requirement? _____

ATZ Internal Use: Project ID _____