**Witness Panel for Fiber Wrap Repair**

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| --- | --- |
| **Contract number:** |  |
| **Project location:** |  |
| **Resident Engineer and email address:** |  |
| **Material Coordinator and email address:** |  |
| **Application location:** |  |
| **Application date:** |  |
| **Time of application:** |  |
| **Weather during application:** |  |
| **Name of approved Application Installer:** |  |
| **Number of samples:** |  |
| **Name of Manufacturer:** |  |
| **Name of Composite Material:** |  |
| **Thickness to be used for strength calculations:****(By default, the lab uses the commonly preferred nominal thickness. Before you specify Actual thickness please double check with your manufacturer)** | [ ] Nominal Ply Thickness [ ]  Actual Ply Thickness  |
| **ASTM D-3039 Standard Test Method will be used for required tensile properties; make sure it applies to your project.** | Special Instructions: |
| **Did you mark the primary fiber direction on each test sample?** | [ ] Yes [ ]  No |
| **Tests are to be conducted:** | [ ]  0˚ to primary fiber direction (default) [ ]  90˚ to primary fiber direction [ ]  In the direction marked on each sample |
| **Is the product data sheet attached?** | [ ] Yes[ ] No |
| **Are pictures attached?** | [ ] Yes [ ]  No |
| **Are samples marked with identification?** | [ ] Yes[ ]  No |

**This form shall be prepared and submitted to Jeanne McDonald via email at** **jmcdonald@statetestingllc.com** **or with the sample at 2223 Ogden Ave, Downers Grove, IL, 60515.**