**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?** | YesNo |
| **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**](mailto:jmcdonald@statetestingllc.com) **or with the sample at 2223 Ogden Ave, Downers Grove, IL, 60515.**