


Sample Submission Form

Project Name:	UCL IoN DRI	Project number:	EN20019
Trade contractor:	ISG	Package number:	TBC
Sample Number:	BEMP-ISG-P2-XX-SAM- X-XX-0001	Rev:	P01
Date Submitted:			
Description of sample / reasons for this issue:			
50mm brick - Colliers Blend Brick.			
Light coloured brick made with a blend of clays and darker sands.			
Sample Title:	Plot 2 – Brick Sample		
Manufacturers details:	Supplier - Marshmoor Bricks Ltd		
Installation details:	Refer to Architects drawings and specifications.		
Insert picture / pictures of Sample:			
			
Specification reference:	BEMP-HBA-P2-XX-SP-A-00-0610 – F10		
Is the proposal specification compliant?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/> Give reason below:	
Is this item covered by the Construction Product Regulations? (e.g., UKCA / UKNI / CE (European union only) marking)	YES <input checked="" type="checkbox"/> Answer question below.	NO <input type="checkbox"/>	
If YES; is the item marked or a declaration of performance supplied in accordance with the relevant standard.	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/> Give reason below:	

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Is the proposal an alternative to specification?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Details of reason for deviation from specification / alternative to specification:		Answer question below.	
REVIEW PROCESS			
ISG:	Name:	Signed:	Date:
Comments:		Proposed status: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
Consultant:	Name:	Signed:	Date:
Comments:		Proposed status: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
Consultant:	Name:	Signed:	Date:
Comments:		Proposed status: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
Consultant:	Name:	Signed:	Date:
Comments:		Proposed status: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
Project Manager:	Name:	Signed:	Date:
Comments:		Proposed status: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	

SUPERVISORS FINAL AGREED STATUS			
Name:	Signed:	Date of Approval:	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Comments::			