


Sample Submission Form

Project Name:	UCL IoN DRI	Project number:	EN20019
Trade contractor:	PAYE	Package number:	TBC
Sample Number:	BEMP-ISG-P2-XX-SAM-X-XX-0002	Rev:	P01
Date Submitted:			
Description of sample / reasons for this issue:			
Plot 2 - Natural Portland Stone to match existing Portland stone			
Sample Title:	Plot 2 – Portland Stone		
Manufacturers details:	Paye Stonework & Restoration Ltd.		
Installation details:	Refer to Architects drawings and specifications.		
Insert picture / pictures of Sample:			
			
Specification reference:	BEMP-HBA-P2-XX-SP-A-00-0851 -Stone Cladding H51/220		
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:	
Is the proposal an alternative to specification?	YES <input type="checkbox"/> Answer question below.	NO <input checked="" type="checkbox"/>	
Details of reason for deviation from specification / alternative to specification:			

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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::			