

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-0004	Rev:	P01	Date Submitted:
Description of sample / reasons for this issue:				
Precast Homogeneous Reconstituted Portland Stone cladding.				
Comberfield Whitbed Portland Lime Stone				
Sample Title:	Plot 2 - Precast Reconstituted 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-00-0842 – Precast Cladding H42/110			
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::			