



TAS 112-95 LAB REPORT COVER SHEET

REV.-09/05/12

<b>LABORATORY:</b>		
Street Address:		
City:	State:	ZIP:
<b>MANUFACTURER :</b>		
Street Address:		
City:	State:	ZIP:
Manufacturer Contact:		
Referenced Quarterly Test:	<input type="checkbox"/> 1 <sup>st</sup> Quarter (OCT-DEC)	Tiles Received Date:
	<input type="checkbox"/> 2 <sup>nd</sup> Quarter (JAN-MAR)	Test Date:
	<input type="checkbox"/> 3 <sup>rd</sup> Quarter (APR-JUN)	
	<input type="checkbox"/> 4 <sup>th</sup> Quarter (JUL-SEP)	

**Tile Markings and /or Identification must be referenced in the enclosed Report**

NOA(s) #:	Tile Description (MODEL)	CLAY	CONCRETE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Signature: \_\_\_\_\_

Name of Authorized Lab Representative \_\_\_\_\_

