Project Information Sheet

Project Information

Client

Project Number | Proposal Number

Project Address

Type of Service

Scheduling and Assignment

Start Time | Estimated Shift Duration

Estimated # of Total Shifts | Eight-Hour Shift ☐ Yes ☐ No

Overtime Eligible ☐ Yes ☐ No | AET Is the GC ☐ Yes ☐ No

Technician Packet ☐ Yes ☐ No

If Yes, Packet to Be Utilized

AET Project Manager

On-Site Point of Contact

Name

Phone Number | Email Address

External Laboratory

External Lab ☐ Yes ☐ No

If Yes, Laboratory

Project Name

Purchase Order Number

Turnaround Time | External Lab Sample Type

Additional Requirements

Include client-, site-, safety-, access-, scheduling-, or deliverable-specific requirements.