

PRODUCT FIELD EVALUATION FORM

Product Name:		
Supplier:		Contact Person:
Phone:		
Category of Product:	Road	Watermain
	Sanitary	Storm
Product Application / L	Jse:	
Product Location:		
Submitted By:		Signature:
Date:		
Action Taken:		
Date:		
Send Form To: Appr	onriate Sub Co	mmittee Chair
Send Form To: Appropriate Sub Committee Chair Copy To: Regional Infrastructure Standardization Committee (RISC) Chair		