

► Please submit completed request form with all samples to:

Laboratory Staff – Metalworking
 QualiChem, Inc.
 2003 Salem Industrial Drive, Salem, VA 24153

WHO AUTHORIZED THIS REQUEST? WHO IS COMPLETING THIS REQUEST FORM?

QUALICHEM SALES ENGINEER: QualiChem Sales Engineer End User/Customer QualiChem Distributor

WHO IS SUBMITTING THE SAMPLED PRODUCT(S)?

END USER/CUSTOMER ACCOUNT NAME: _____ CITY/STATE: _____ CONTACT NAME: _____ EMAIL ADDRESS / PHONE: _____

QUALICHEM DISTRIBUTOR (if applicable): _____ BRANCH/LOCATION: _____ DISTRIBUTOR SALES REP: _____ EMAIL ADDRESS / PHONE: _____

WHY ARE YOU SUBMITTING THE SAMPLED PRODUCT(S)?

<p>GENERAL CONDITION (Check one.):</p> <input type="checkbox"/> Routine Testing <input type="checkbox"/> Water Quality Analysis <input type="checkbox"/> Multi-Product Compatibility <input type="checkbox"/> Competitive Analysis	<p>TROUBLESHOOTING (Check all that apply.):</p> <input type="checkbox"/> Foam <input type="checkbox"/> Corrosion: Rust (Ferrous) <input type="checkbox"/> Corrosion: Staining (Non-ferrous) <input type="checkbox"/> Corrosion: Bimetallic <input type="checkbox"/> Smut/Cleanliness	<input type="checkbox"/> Rancidity/Odor (Biological) <input type="checkbox"/> Odor (Chemical) <input type="checkbox"/> Contamination of Fluid <input type="checkbox"/> Stability <input type="checkbox"/> Suspected Defective Product	<input type="checkbox"/> Skin Irritation <input type="checkbox"/> Residue <input type="checkbox"/> Part Quality <input type="checkbox"/> Tool Life/Machine Performance <input type="checkbox"/> Seal Compatibility
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ADDITIONAL DETAILS:

HOW ARE YOU USING THE SAMPLED PRODUCT(S)?

<p>OPERATIONS (Provide specifics.):</p> <input type="checkbox"/> Machining: _____ <input type="checkbox"/> Grinding: _____ <input type="checkbox"/> Other: _____	<p>WATER SOURCE:</p> <input type="checkbox"/> City/Tap Water <input type="checkbox"/> Well <input type="checkbox"/> Reverse Osmosis (RO) <input type="checkbox"/> Deionized (DI) <input type="checkbox"/> Unknown/Untested	<p>MATERIALS (Check all that apply.):</p> <input type="checkbox"/> Aluminum Alloys <input type="checkbox"/> Cast Aluminum <input type="checkbox"/> Brass/Bronze Alloys <input type="checkbox"/> Other Copper Alloys <input type="checkbox"/> Cast Irons <input type="checkbox"/> Carbon Steels <input type="checkbox"/> Alloy Steels	<input type="checkbox"/> Tool Steels <input type="checkbox"/> Stainless Steels <input type="checkbox"/> Titanium <input type="checkbox"/> Inconel/Nickel Alloys <input type="checkbox"/> Carbide <input type="checkbox"/> Magnesium <input type="checkbox"/> Plastics/Composites
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WHAT SAMPLED PRODUCTS ARE BEING SUBMITTED?

► Minimum Sample Size: 8oz. (250mL)	SAMPLE # 1	SAMPLE # 2	SAMPLE # 3
MACHINE/SYSTEM NAME & MODEL #:	_____	_____	_____
PRODUCT BRAND NAME & NUMBER:	_____	_____	_____
SAMPLE DESCRIPTION: <i>(i.e., coolant, oil, residue, concentrate, part, etc.)</i>	_____	_____	_____
PRODUCT LOT/BATCH #:	_____	_____	_____
SUMP SIZE/CAPACITY:	_____ <input type="checkbox"/> GALLONS _____ <input type="checkbox"/> LITERS	_____ <input type="checkbox"/> GALLONS _____ <input type="checkbox"/> LITERS	_____ <input type="checkbox"/> GALLONS _____ <input type="checkbox"/> LITERS
DATE SAMPLE WAS COLLECTED (mm/dd/yyyy):	_____	_____	_____
LOCATION SAMPLE WAS COLLECTED: <i>(i.e., machine nozzle, flowing return area)</i>	_____	_____	_____
TARGET CONCENTRATION %:	_____	_____	_____
INITIAL FILL DATE (mm/dd/yyyy):	_____	_____	_____

PLEASE SUBMIT COMPLETED FORM AND LABELED SAMPLES TO THE ADDRESS AT THE TOP OF THE PAGE.