

► 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?

QUALICHEM SALES ENGINEER:

### WHO IS COMPLETING THIS REQUEST FORM?

☐ 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)?

GENERAL CONDITION (Check one.):

- ☐ Routine Testing  
☐ Water Quality Analysis  
☐ Multi-Product Compatibility  
☐ Competitive Analysis

TROUBLESHOOTING (Check all that apply.):

- ☐ Foam  
☐ Corrosion: Rust (Ferrous)  
☐ Corrosion: Staining (Non-ferrous)  
☐ Corrosion: Bimetallic  
☐ Smut/Cleanliness  
☐ Rancidity/Odor (Biological)  
☐ Odor (Chemical)  
☐ Contamination of Fluid  
☐ Stability  
☐ Suspected Defective Product  
☐ Skin Irritation  
☐ Residue  
☐ Part Quality  
☐ Tool Life/Machine Performance  
☐ Seal Compatibility

ADDITIONAL DETAILS:

### HOW ARE YOU USING THE SAMPLED PRODUCT(S)?

OPERATIONS (Provide specifics.):

- ☐ Machining: \_\_\_\_\_  
☐ Grinding: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

SYSTEM ACCESSORIES:

- ☐ Filtration: \_\_\_\_\_ MICRON(S)  
☐ High Pressure: \_\_\_\_\_ PSI  
\_\_\_\_\_ BAR

WATER SOURCE:

- ☐ City/Tap Water  
☐ Well  
☐ Reverse Osmosis (RO)  
☐ Deionized (DI)  
☐ Unknown/Untested

MATERIALS (Check all that apply.):

- ☐ Aluminum Alloys  
☐ Cast Aluminum  
☐ Brass/Bronze Alloys  
☐ Other Copper Alloys  
☐ Cast Irons  
☐ Carbon Steels  
☐ Alloy Steels  
☐ Tool Steels  
☐ Stainless Steels  
☐ Titanium  
☐ Inconel/Nickel Alloys  
☐ Carbide  
☐ Magnesium  
☐ Plastics/Composites

### 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.e., coolant, oil, residue, concentrate, part, etc.)

PRODUCT LOT/BATCH #:

SUMP SIZE/CAPACITY:

☐ GALLONS  
☐ LITERS

☐ GALLONS  
☐ LITERS

☐ GALLONS  
☐ LITERS

DATE SAMPLE WAS COLLECTED (mm/dd/yyyy):

LOCATION SAMPLE WAS COLLECTED:

(i.e., machine nozzle, flowing return area)

TARGET CONCENTRATION %:

INITIAL FILL DATE (mm/dd/yyyy):

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