

MSi TEST REQUEST FORM

(Please fill out digitally and print)

Date: _____

P.O. No. _____

Turnaround Expectation - Regular (per quote)
 RUSH _____ (need by)

Company: _____

Address: _____

Requestor: _____

Email: _____

Phone No. _____

MATERIAL INFORMATION

Material: _____

Size: _____

Grade: _____

Part Name: _____

Heat No. _____

Specs: _____

Accept / Reject: not required required (additional charges may apply)

REQUIRED TESTING

Tensile – Instructions: _____

Orientation: Longitudinal Transverse

Chemical Analysis: - Instructions: _____

Hardness Brinell Rockwell Knoop Vickers
Expected value if known _____

Microstructure Exam – Please describe: _____

Charpy Impact: Temperature _____

Orientation: Longitudinal
 Transverse

Salt Spray Testing # of Hrs _____

Interim Inspection: Yes No

Photographs: Yes No

Consumer Product Safety Testing: Describe samples: _____

Please describe additional instructions: _____