

MSi TEST REQUEST FORM

Date: _____ P.O. No. _____

Company _____ RUSH ___ Regular ___

Requested By _____ Fax ___ E-Mail ___

Phone No. _____ Need By _____

Fax No. _____ E-Mail _____

MATERIAL INFORMATION

Size: _____ Lot No. _____

Grade _____ Part Name _____

Heat No. _____

Specification(s) _____

Accept / Reject Required ___ (Additional Charges May Apply)

Not Required ___

REQUIRED TESTING

Tensile _____

Charpy Impact _____ Temperature: _____

Mil's + % Shear: _____

Orientation: Longitudinal ___ Transverse ___

Chemistry _____ Special Directions _____

Hardness _____ Type: Brinell ___ Rockwell ___

Microstructure (describe) _____

Additional Instructions _____

Rev 0, 11/04

