



TEST REQUEST FORM

For Office Use Only

1) CUSTOMER INFORMATION

Customer Name			
Address Line 1			
Address Line 2			
City			
State		ZIP Code	

2) GENERAL TEST INFORMATION

P.O./Work Order Number			
Heat Number		Material Type	
Heat Code		Material Size	
Test Specification		Other Information	
<input type="checkbox"/> Weld Procedure Qualification		<input type="checkbox"/> Welder Performance Qualifications	
Weld Specification		Welder Name	

3) TENSILE TEST

<input type="checkbox"/> Longitudinal	<input type="checkbox"/> Transverse	<input type="checkbox"/> Cross-Weld	<input type="checkbox"/> All-Weld-Metal	<input type="checkbox"/> Other	
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4) CHARPY V-NOTCH IMPACT TEST [Metal Thickness mm or inches]

Temperature	°F	°C	Minimum Energy Requirements	ft.-lbF	Joules
<input type="checkbox"/> Longitudinal Charpy		<input type="checkbox"/> Heat Affected Zone		<input type="checkbox"/> Weld Metal	
<input type="checkbox"/> Transverse Charpy		Material thickness 1.5 inches or greater	<input type="checkbox"/> Top	<input type="checkbox"/> Quarter	<input type="checkbox"/> Bottom

5) BEND TEST

<input type="checkbox"/> Side	quantity	<input type="checkbox"/> Root	quantity	<input type="checkbox"/> Face	quantity	<input type="checkbox"/> Fillet	quantity
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6) HARDNESS TEST

<input type="checkbox"/> Rockwell B	<input type="checkbox"/> Rockwell C	<input type="checkbox"/> Brinell	<input type="checkbox"/> Knoop/Vickers	<input type="checkbox"/> Other	
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7) HEAT TREATMENT [Temperature °F or °C; Time at Temp : Hours:Minutes] (required)

<input type="checkbox"/> Normalize	<input type="checkbox"/> Temper	<input type="checkbox"/> Post Weld Heat Treatment	<input type="checkbox"/> Other	
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8) CHEMICAL / MICRO or MACRO SECTION

<input type="checkbox"/> Corrosion Test (ASTM A262) Practice:	<input type="checkbox"/> Optical Emission Spectroscopy (Chemical Analysis)	<input type="checkbox"/> Other
Micro Section	To Determine	
Macro Section	To Determine	

COMMENTS	
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