

Salt Spray Request Form

D'YUgY' gYbX' dUfhg'UbX' Zcfa 'hc:

D5J 7C[®]

5Htb. ' >Ybb]ZYf'; YYgYm

-(\$%BUh]cbg': cfX' Fcad

Charlotte, NC 28273

Date: _____

Person submitting the request: _____ Email: _____

Distributor: _____

Customer submitting samples: _____

Reason for testing: Trouble ___ Evaluation ___ R&D ___ Comparison ___
 Other ___ (Explain) _____

Plating Bath: _____ Barrel ___ Rack ___

Plate Thickness: _____

Chromate: _____

Concentration: _____ Temperature: _____ Time: _____ pH _____

Top Coat: _____

Concentration: _____ Temperature: _____ Time: _____ pH _____

Top Coat: _____

Concentration: _____ Temperature: _____ Time: _____ pH _____

Testing Required: _____

Hours: _____ First white: _____ First Red: _____ Max Hours: _____

Pictures Required: Yes ___ No ___ Interval: _____

Report to Name: _____ Email: _____

Report to Name: _____ Email: _____

Minimum number of parts to be tested: _____

Please e-mail description of part including surface to be tested: (draw or attach picture, picture preferred)
jgeesey@pavco.com

Chemist Approval: _____ Date _____

Run Number assigned: _____