

# WORK REQUEST FORM

Metals Engineering and Testing Laboratories  
2040 W. Quail Ave.  
Phoenix, AZ 85027  
(602) 272-4571 Fax (602) 278-7438

=====

requestor \_\_\_\_\_ company name \_\_\_\_\_

address \_\_\_\_\_ phone no. \_\_\_\_\_

date \_\_\_\_\_ date req'd \_\_\_\_\_ fax no. \_\_\_\_\_

p.o. \_\_\_\_\_

=====

p/n \_\_\_\_\_ part name \_\_\_\_\_ engine \_\_\_\_\_

s/n \_\_\_\_\_ lot number \_\_\_\_\_ vendor \_\_\_\_\_

material \_\_\_\_\_ condition \_\_\_\_\_ mat'l spec. \_\_\_\_\_

sample history \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## WORK REQUESTED

<input type="checkbox"/> macroexam	<input type="checkbox"/> weld certification per _____
<input type="checkbox"/> fracture exam	<input type="checkbox"/> heat treat cert per _____
<input type="checkbox"/> sem/eds	<input type="checkbox"/> salt spray per _____
<input type="checkbox"/> microstructure	<input type="checkbox"/> corrosion test per _____
<input type="checkbox"/> failure analysis	<input type="checkbox"/> NDI per _____
<input type="checkbox"/> hardness/microhardness	<input type="checkbox"/> other _____
<input type="checkbox"/> mechanical testing	_____
<input type="checkbox"/> chemical analysis	_____

## ADDITIONAL INSTRUCTIONS

full, bound test report required

call \_\_\_\_\_ with results at \_\_\_\_\_

fax results/report attn: \_\_\_\_\_

send report attn: \_\_\_\_\_

will pick up report

\_\_\_\_\_  
Signature