

REQUEST FOR AND RESULTS OF TESTS

PAGE NO.

NO. OF PAGES

SECTION A - REQUEST FOR TEST1. FROM: *(Include ZIP Code)*2. TO: *(Include ZIP Code)*3. PRIME CONTRACTOR AND ADDRESS *(Include ZIP Code)*4. MANUFACTURING PLANT NAME AND ADDRESS *(Include ZIP Code)*

CONTRACT NUMBER

P.O. NUMBER

5. END ITEM AND/OR PROJECT

6. SAMPLE NUMBER

7. REASON FOR SUBMITTAL

8. DATE
SUBMITTED
(YYYYMMDD)

9. MATERIAL TO BE TESTED

10. QUANTITY SUBMITTED

11. QUANTITY
REPRESENTED12. SPEC. & AMEND AND/OR DRAWING NO. & REV. FOR
SAMPLE & DATE

13. PURCHASED FROM OR SOURCE

14. SHIPMENT METHOD

15. DATE SAMPLED AND SUBMITTED BY

16. NSN

17. PART NUMBER

18. LOT/BATCH NUMBER

19. DATE OF MANUFACTURE *(YYYYMMDD)*

20. ENGINEERING AUTHORITY

21. MQCSS/QSL REVIEW

22. REMARKS AND/OR SPECIAL INSTRUCTIONS AND/OR WAIVERS.

Shade:

Roll #:

Sample #s:

23. SEND REPORT OF TEST TO

SECTION B - RESULTS OF TEST *(Continue on plain white paper if more space is required)*1. DATE SAMPLE RECEIVED *(YYYYMMDD)*2. DATE RESULTS REPORTED *(YYYYMMDD)*

3. LAB REPORT NUMBER

4. TEST PERFORMED

RESULTS OF TEST

SAMPLE RESULT

REQUIREMENTS

DATE *(YYYYMMDD)*

TYPED NAME AND TITLE OF PERSON CONDUCTING TEST

SIGNATURE