

REQUEST FOR TEST WASH

Date		
	5.075.5.1705	
	DISTRIBUTOR	

CUSTOMER			DISTRIBUTOR						
Customer			Company						
Address			Address						
City			City						
State Zip			StateZip						
Phone No			Phone No						
Fax No			Fax No						
Customer Contact-			Name						
Name			RETURN PARTS TO						
			С	USTOMER		DISTRIE	BUTOR		
				OPERA	ATION	S RE	QUES	TED	
QUANTITY	PART NUMBER	DESCRIPTION			WASH	RINSE	DRY	OTHER	
		IIRED: YES \(\text{NO} \) YES \(\text{NO} \(\text{O} \)		ts need to be n washer:	-			moved	
TYPE OF N	ACHINE REQU	UIRED?	Part –	ts Can Flash	Dry	YES 🗆	NO 🗆	1	
	ION VOLUME:	Baskets Per Hour xWxH							
☐ Grinding/Honing Oil & Dust ☐ Coolant Water So☐ Other				bratory Residue					
TYPES OF MATERIAL: ☐ Ferrous Metals ☐ Brass ☐ Plastics			☐ Stainless Steel ☐ Other						
Will parts di Operation(s	rain readily?s) preceding par	ts washer							
Operation(s	s) following parts	s washer						 	
Comments_									