

CMS Colorado Metallurgical Services

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LAB WORK REQUEST FORM

Failure to fill out adequately may result in processing delays. Retype charges apply.

Your Company Name: _____
Address: _____ City: _____ State: _____
Zip: _____ Phone: _____ Fax: _____
Purchase Order: _____

ATTENTION REPORT TO: [Please Print] _____

Material / Condition: _____

Specification[s]: _____

Part# _____ Heat/Coil# _____

Lot/FCE#/Job# _____ Date of Run: _____

Size _____ Sample# _____

Cast/Heat Date: _____ Reference: _____

WORK REQUESTED - CHECK BOX / CIRCLE

Chemical Analysis By: OES /Interstitial C S N₂ O₂ /Other
 Tensile Test Bend Test
 Hardness Test: Rockwell / Brinell / Microhardness / Superficial
 Vickers Macro Hardness Profile
 CVN: At _____ °F/°C Foot Pounds/Joules _____

If CVN's are needed please indicate the Location(s)

CVN's in HAZ CVN's in Weld CVN's in Parent Metal

Welder Certification:

PQR# _____

WPS# _____

POS/TYPE: _____

FIL/FLUX: _____

MATL GR: _____

SIZE: _____

WELDER: _____ ID _____

Fax Results email: _____

SUBMITTED BY: _____ DATE: _____