

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 /ICP /Interstitial C S N₂ O₂ /Other
- Tensile Test Bend Test
- Hardness Test: Rockwell / Brinell / Microhardness / Superficial
- CVN: At _____ °F/°C Foot Pounds/Joules _____
- Welder Certification: Performance / Procedure [Please include PQR/WPS#,
Welder Name & ID, Type[s] of Weld, Position[s] and Filler]

NOTE: Weld procedure or performance tests will not be processed without
proper documentation.

Heat Treat Certification: _____

Failure Analysis

Salt Spray: Hours _____ Per: _____

Metallurgy:

Other: [Please Specify] _____

Call With Results Will Pick Up Results Sample Return

Fax Results email: _____

Comments or Special Instructions: _____

SUBMITTED BY: _____ DATE: _____