



PARTS TESTING QUESTIONNAIRE – please complete as much as possible

Customer:	Date:
Address:	Phone:
City, State, Zip:	Fax:
Contact:	
Fed-X or UPS Account Number: (for parts return)	
e-mail address:	
Name of Part:	
Material(s) Of Construction:	
Soil(s) To Be Removed: (describe fully – oils, grease, flux, wax, buffing/lapping compounds, fingerprints, etc.)	
Chemical Limitations:	
Temperature Limitations:	
Rust Protection Required: (short / long term)	

Present Cleaning Process: (describe fully)
Present Cleaning Process Problems: (describe – such as: poor cleaning, cost, damage to parts, too slow, hazards, etc.)
What operation precedes cleaning:
What operation follows cleaning:



Reason For Cleaning Parts:
Cleaning Evaluation: (specify such as: visual, operational, microscope, particle count, white glove, surface analysis)
Parts per Hour / Day / Shift: (maximum – minimum)
Parts per Load / Batch:

Additional Comments
