



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:

Ship to Address: Pro Ultrasonics, Inc. 3076 Hwy 18 N/US64 Morganton, NC 28655

Tel: 828-584-1005 info@proultrasonics.com www.proultrasonics.com



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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

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