

STATEMENT OF GOALS/OBJECTIVES:

INGREDIENT INFORMATION

Dry/Solid Ingredients:

Name	Physical Form	Particle Dimensions	Flow Characteristics	Bulk Density	How does material react to moisture?	Temperature Limitations/ Requirements?	Blend with other dry ingredients?	Percent of Total

Liquid Ingredients:

Name	Physical Form	Viscosity (cps)	Agitation Required?	Temperature Limitations/ Requirements?	Can liquid be heated for better flow?	Does liquid expel vapors when heated?	Percent of Total

LAB TEST QUESTIONNAIRE



Please list any safety concerns for any ingredients listed above or the final product:

PROCESS INFORMATION

Describe your current process for manufacturing this product:

Description of Desired Final Product: _____ Desired Product Exit Temperature: _____

Will a chemical reaction occur when ingredients are mixed? _____ If so, is the reaction exothermic? _____

Are any materials being processed abrasive or corrosive? _____ If yes, explain: _____

Target Production Rate (lbs/hr): _____

***Please provide Safety Data Sheets for all ingredients, as well as the final product when returning this form**

LAB TEST QUESTIONNAIRE



▪ **Customer point of contact for lab test:**

Name: _____
Title: _____
Phone: _____
Email: _____

▪ **Signing authority for new equipment requisition:**

Name: _____
Title: _____
Phone: _____
Email: _____

▪ **Customer contact responsible for analyzing material produced during trials:**

Name: _____
Title: _____
Phone: _____
Email: _____

▪ **Address where lab test material will be shipped (samples, scrap, leftover raw materials, etc.):**

Company Name: _____
Address: _____

Account Number: _____