



LABORATORY TEST REQUEST FORM

CONTACT INFORMATION -----

Date: _____

Contact name: _____

Company name: _____

Mailing address: _____ Shipping address for return product: _____

Telephone: _____ Facsimile: _____

Email address: _____

TEST DETAILS -----

Dates desired for testing: Week of _____ or _____

Will you be present? ___yes ___no How many? ____

Is this a new product? ___yes ___no

If no, what equipment is currently being used for mixing? Describe: _____

If yes, is this test to learn about the product ___yes ___no or to assist in specifying equipment for purchase ___yes ___no. Both? ___yes

What do you hope to accomplish during this test? _____

What will be the basis for evaluating the success of the test? Please explain:

Will you provide a control sample for comparison? ___yes ___no.

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PRODUCT DETAILS-----

Type of product (i.e., paint, caulk etc.) Add any pertinent notes: _____

? Water Based ? Solvent based – Describe: _____

Note: MSDS sheets are required for all formula products.

Handling precautions: _____

At start:

Viscosity: _____ Specific Gravity: _____ Weight: _____ lb/US gal.

Particle size: _____ Percent of solids: _____

At end:

Viscosity: _____ Specific Gravity: _____ Weight: _____ lb/US gal.

Particle size: _____ Percent of solids: _____

What will clean up require? _____

What solvents are compatible with your product? _____

Formula Components: _____

Test Batch Size: _____

EQUIPMENT DETAILS-----

Does product require special materials of construction? ? 304s/s ? 316s/s
? Other

Does your process require vacuum operation? ? Yes ? No

Does your process require pressurized operation? ? Yes ? No

Does your process require a heating/cooling jacket
on the vessel? ? Yes ? No

Within what temperatures must the product be maintained? _____

___ F or ___ C Minimum and ___ F or ___ C Maximum

What type of equipment do you expect this product to require for mixing:

Single shaft ? _____ Dual Shaft ? _____ Tri Shaft ? _____

Basket Mill ? _____ Discharge Ram ? _____

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EVALUATION RESULTS

Myers Mixers has completed the evaluation of the test information provided and **has approved** ? **has declined** to perform the requested laboratory testing.

*If declined, a letter of explanation will be provided.

We anticipate the laboratory test machine that will be used as our model:

? 500 ? 550 ? 550/500 ? 550/800

? 775 ? 800 ? 850 ? 850BM

? RAM Mixer ? Discharge RAM

A fee ___ is required ___ is not required for this test.

Fee amount if applicable: \$_____. A purchase order is required along with advanced payment prior to scheduling a test date.

SCHEDULING

Every effort will be made to meet the customer's desired test dates but the arrival of the material will constitute the confirmation of the actual test date.

Authorized Myers Representative Signature: _____

Prepaid test materials should be forwarded to:

Myers Mixers
Attn: Laboratory Manager
8376 Salt Lake Avenue
Bell, CA 90201

Required materials:

- Sufficient material for approved batch volume
- Clean up materials such as solvents
- Empty containers for return of finished product
- Stickers for hazardous material if applicable

Required information:

- Completed Laboratory Test Questionnaire
- Return material address
- Preferred freight carrier for returning product