

* EXAMPLE *

Print Form



Rubber Insulating Products Testing Order Form and Packing List

Date: 05/31/18 Received Date: _____

Customer Name: Brevard Public School District Contact Name: Jim Powers

Billing Address: 2700 Judge From Jamieson Way Purchase Order #: 21817524

City-State-Zip: Viera, FL. 32940 Phone Number: Cell 302-9168 (3U)

E-mail Address: POWERS.JIM@BREVARDSCHOOLS.ORG Fax Number: _____

If Different Ship To: P.O. Box 338 Cocoa, FL. 32923 / Raybro Elec. Supply, Inc. -> BPSD -> EH'S Shop

Please advise the quantity of gloves that you are returning for test (all lengths and colors).

Class	Size 8 and 8H	Size 9 and 9H	Size 10 and 10H	Size 11 and 11H	Size 12
00					
0			5	1	
1			5	1	
2			1	1	
3					
4					

Please advise the quantity of sleeves that you are returning for test (all lengths and colors).

Class	Size Regular	Size Large	Size Extra-Large
1			
2			
3			
4			

Should your items fail, would you like replacements automatically shipped to you using the same purchase order number?

Yes No Call Me

Please advise the quantity of blankets that you are returning for test (all lengths and colors).

Class	Quantity
0	
2	
4	

All processing will be in accordance with ASTM F479 and F496 procedures, including:

1. Check-in and quantity verification.
2. Cleaning and removing old marks.
3. Visual inspection of inner and outer surfaces.
4. Dielectric test at the rated proof test for three minutes.
5. Marked with date tested.
6. Prepare for shipment including any failed products & notes.

Ship items for testing, together with this order form, to:

Cementex Products, Inc.
 ATTN: RUBBER GOODS TESTING
 650 Jacksonville Road | Burlington, NJ 08016
 All testing is FOB Burlington, NJ. Normal turnaround time is 14 business days from receipt.

DO NOT FOLD RUBBER GOOD ITEMS WHEN PACKAGING, THIS CAUSES THE RUBBER TO BREAK DOWN AND POTENTIALLY PREMATURE FAILURES.