

Electrical Testing Form

All fields must be completed to ensure timely & accurate service.

* To avoid a delay in process, please refrain from sending in items other than to be tested (ex: canvas bags, leather protectors, boxes, etc)

Your Accounts Payable

UPS/FedEx #:
Repair PO #:

Return Ship Address

Customer #:
Customer Name:
Address:
City:
Zip:
Email:
Phone:
Contact Name:

Company:
Contact Name:
Address:
City:
Zip:
Email:
Phone:

Replace failed product with new product. Yes No
Return failed product. Yes No

Storage Program
Need-By Date _____
 For Retesting

Please advise how many pairs of gloves you are sending in for test. (combine all lengths and colors)

	Size 7	Size 8	Size 8.5	Size 9	Size 9.5	Size 10	Size 10.5	Size 11	Size 11.5	Size 12
Class 00										
Class 0										
Class 1										
Class 2										
Class 3										
Class 4										

Please advise quantity of sleeves you are sending in for test. (combine all lengths and shapes)

	Size Short	Size Regular	Size Large	Size X-Large
Class 1				
Class 2				
Class 3				
Class 4				

Please advise quantity of blankets you are sending in for test. (combine all lengths and shapes)

	Size 18 x 36	Size 22 x 22	Size 27 x 36	Size 36 x 36	Other
Class 0					
Class 2					
Class 4					

List quantity of each type

	Fixed Length	Telescoping
Hot Sticks		

List how many cables

	Cables
Grounding Cables	

Special Instructions