

**Engineering Test Request Form**

**Instructions:**

Please complete this form by highlighting and filling in the gray cells below. Include as much information as you feel is necessary. The cells will expand as required. Send an email to our Engineering Center at gfengineer@genfast.com and attach this completed form.

Please allow up to two business days for test quotation. Call 248-307-0572 for additional assistance.

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| --- | --- |
| **Today’s Date:** | **Test Identifier (part # or brief description):** |
| **Submit To:**  Scott Mickelson - Engineering Lab Manager  General Fasteners Company  1524 East 14 Mile Road  Madison Heights, MI 48071 | **Requestor:**  **Company:**  **Phone:**  **Fax:**  **Email:**  **Eng Contact:** |
| **Joint Description**: | |
| **Test Objective:** | |
| **Test Procedure or Description:** | |
| **TEST CRITERIA (CHECK ALL THAT APPLY with “X”)** | |
| Torque | Friction Determination |
| Torque/Angle | Drive/Strip Torque Determination |
| Torque/Angle/Tension (Compression) | Failure Torque/Tension Determination |
| Tension (Compression) | Failure Mode Determination |
| Push-Out / Push-In | Prevailing Torque Determination |
| Slip Torque / Tension | Other (Describe Below) |
|  | |
| **TIGHTENING PARAMETERS** | |
| DC Electric Motor (default tool for most tests) | **RPM:** |
| Air Pulse Tool | **List any torque/tension/angle points of interest:** |
| Manual | **Turn:**  **Nut**  **Bolt**  **Unspecified** |
| Other: | **Other:** |

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| --- | --- | --- |
| TEST MATERIAL (To be provided by requester unless otherwise indicated) | | |
| **Part Number** | **Part Description** | **Quantity** |
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| TEST MATRIX | |
| **Sample Quantity** | **Test Condition** |
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| **Special Instrumentation (if any):** | |
| **Customer-Supplied Test Equipment (if any):** | |
| **Other Items:** | |
| **Special Instructions:** | |

**General Fasteners Company**

Scott Mickelson - Engineering Lab Manager

524 East 14 Mile Road

Madison Heights, MI 48071