TEST REQUEST FORM

Email or Mail completed form to:

The Massachusetts Toxics Use ReductionInstitute Cleaning Laboratory

The Offices at Boott Mill Suite 14
126 John Street, Second Floor
Lowell, MA 01852

ATTN: Alicia McCarthy
Email: Alicia_McCarthy@uml.edu; Telephone:(978)934-3889

1. Please print or type. Be as thorough as possible.
2. Attach MSDS of present relevant chemistries.
3. Do not send any samples/parts without first contacting the lab. Date of Submission: _____

CONTACT INFORMATION

Company Representative: _____ Title: _____
Company Name: _____ Tel.: _____
Address (Street): _____ FAX: _____
City/Town: _____ State: _____ Zip: _____
Email: _____ Web site: _____
How did you hear about this state service? ☐Conference/Meeting; ☐Consultant; ☐DEP; ☐EPA; ☐Internet/Website; ☐Journal/Article; ☐OTA; ☐Student; ☐TURI; ☐Within Company; ☐Town Official; ☐Used lab before; ☐Vendor
☐Other: _____ ☐Specific Person: _____

What is the objective of this test? _____

PROCESS DESCRIPTIONS

What is the purpose of cleaning (i.e., desired product specifications)? _____
_____
What are the problems with present cleaning system? _____
_____

DESCRIBE THE PART/PRODUCT TO BE CLEANED

What is this part/product used for? _____
Select material(s) of construction: ☐Aluminum ☐Brass ☐Ceramic/marble ☐Copper ☐Electronics ☐Glass ☐Nickel ☐Stainless-Steel ☐Steel ☐Plastic ☐Alloys
☐Other: _____
Specify specific types:_____
List percentages cleaned:_____(i.e., 60% Al, 40% 304 stainless steel)
Surface type: ☐Rough or ☐Smooth ---- ☐Hard or ☐Soft
Geometry: ☐Simple (e.g., flat) OR ☐ Complex (contains inaccessible areas)
Approx. size: ☐Small ☐Medium ☐Large (dimensions in inches):_____
Weight: ☐ < 1/2lb, ☐<1lb, ☐< 5lb, ☐< 10lb, ☐< 50lb, ☐>50lb weight: Min. _____ Max. _____

DESCRIBE THE CURRENT CLEANING PROCESS

Contaminants to remove: ☐Oil ☐Machining-Fluid ☐Lubricant ☐Grease ☐Buffing ☐Adhesive ☐Resins ☐Flux ☐Ink ☐Paint☐Wax ☐Coating ☐Dirt
☐Other: _____
Are samples of contaminants available? ☐No ☐Yes (if available, attach MSDS)

Manufacturer	Product	Amount Used per year (month or week)

Manufacturing step immediately before cleaning: _____
Manufacturing step immediately after cleaning: _____
parts cleaned **per week** (or shift, etc.): _____ **per batch**: _____

Equipment available for use (check all that apply):
☐Vapor-Degreaser ☐Mechanical-Agitation ☐Air-Sparging ☐Immersion/Soak/Dip ☐Ultrasonic ☐Manual
☐Spray-Washer [☐High or ☐Low __psi]
☐Other: _____
Specify vendor, if possible: _____

Cleaning chemicals currently being used:

Manufacturer	Product	Conc.	Vol. used in equipment	Amount Used per year (month or week)	Time	Temp

Rinse Cycle, if any: Time: _____min. Temp: _____ deg. F Water source: ☐DI (deionized) OR ☐Tap
Drying Cycle, if any: Method: _____
Time: _____min. Temp: _____ deg. F
After cleaning, parts are: ☐Used Immediately OR ☐Stored
If stored, how: _____ how long: _____

Method(s) employed for evaluating cleanliness: ☐None ☐Visual ☐Microscopic ☐Ultra-Violet ☐Gravimetric ☐Contact Angle ☐Gloss-color meter ☐OSEE
☐Other: _____
Performance test, if any (please describe): _____
_____

JOB DESCRIPTIONS

Job Titles in Cleaning Operation

Department	Job Title	# of Workers	Duties

CONTROL MEASURES

Do you use any control measures (hoods, splash guards, goggles, gloves, etc): _____
_____

Comments or Areas of Concern: _____
_____

Return any samples/parts? **No** **Yes**, to: _____
_____
_____
_____

Follow Up and Outreach

Would you be interested in working with us to create a case study upon the completion of the project?

☐Yes ☐No ☐Maybe

The information in this survey may be available to the public. Please contact the Institute if you wish to have this information remain confidential.

Visit us on the Web at: www.cleanersolutions.org