

Please complete this form and return to lab@valcool.com

\*\*Indicates required information

### SALES AND DISTRIBUTOR INFORMATION

<b>Sales Person**</b>	<input type="text"/>	<b>Distributor**</b>	<input type="text"/>
<b>District**</b>	<input type="text"/>	Contact	<input type="text"/>
Address	<input type="text"/>	<b>Distributor E-mail**</b>	<input type="text"/>
City / State / Postal Code	<input type="text"/>	Distributor Phone	<input type="text"/>
<b>E-mail**</b>	<input type="text"/>	<b>CC on all Reports</b>	<input type="text"/>
<b>Phone**</b>	<input type="text"/>	Method	<input type="text"/>

### END USER INFORMATION

<b>End User**</b>	<input type="text"/>	<b>Contact**</b>	<input type="text"/>
<b>Address**</b>	<input type="text"/>	E-mail	<input type="text"/>
<b>City / State / Postal Code**</b>	<input type="text"/>	Phone	<input type="text"/>

### INFORMATION

<b>Date Sample Taken**</b>	<input type="text"/>	<b>Reason for Test**</b>	<input type="text"/>
<b>Product**</b>	<input type="text"/>	Water Treatment	<input type="text"/>
Batch Number	<input type="text"/>	Is Coolant Recycled?	<input type="text"/>
Types of materials machined	<input type="text"/>		

### ISSUES

Please select the issues you are having. Additional information on the problem can be entered on Page 2 of this form.

<b>**Sample I.D</b>	<input type="text"/>	<input type="checkbox"/> Foaming	<input type="checkbox"/> Rust	<input type="checkbox"/> Odor	<input type="checkbox"/> pH	<input type="checkbox"/> Separation
Target concentration Range	<input type="text"/>	<input type="checkbox"/> Skin Irritation	<input type="checkbox"/> Machine Residue	<input type="checkbox"/> Other		
<b>**Sample I.D</b>	<input type="text"/>	<input type="checkbox"/> Foaming	<input type="checkbox"/> Rust	<input type="checkbox"/> Odor	<input type="checkbox"/> pH	<input type="checkbox"/> Separation
Target concentration Range	<input type="text"/>	<input type="checkbox"/> Skin Irritation	<input type="checkbox"/> Machine Residue	<input type="checkbox"/> Other		
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Target concentration Range	<input type="text"/>	<input type="checkbox"/> Skin Irritation	<input type="checkbox"/> Machine Residue	<input type="checkbox"/> Other		
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Target concentration Range	<input type="text"/>	<input type="checkbox"/> Skin Irritation	<input type="checkbox"/> Machine Residue	<input type="checkbox"/> Other		
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Target concentration Range	<input type="text"/>	<input type="checkbox"/> Skin Irritation	<input type="checkbox"/> Machine Residue	<input type="checkbox"/> Other		

Use second page to list additional test requests

\*\*NOTE: If foaming or rust is an issue please be sure to send a water sample.

### \*\* PLEASE INDICATE COOLANT SPECIALIST BELOW \*\*

**WESTERN ZONE**  
 Scott Homan  
 E-mail: scott@valcool.com  
 Cell: (714) 381-5686

**EASTERN ZONE**  
 Jeff Zdilla  
 E-mail: jeffz@valcool.com  
 Cell: (281) 850-1950



### ISSUE DETAILS

Enter additional test requests here

Please supply as many details as possible.

<b>**Sample I.D</b>	<input type="checkbox"/> Foaming <input type="checkbox"/> Rust <input type="checkbox"/> Odor <input type="checkbox"/> pH <input type="checkbox"/> Separation
Target concentration Range	<input type="checkbox"/> Skin Irritation <input type="checkbox"/> Machine Residue <input type="checkbox"/> Other
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Target concentration Range	<input type="checkbox"/> Skin Irritation <input type="checkbox"/> Machine Residue <input type="checkbox"/> Other

\*\*NOTE: If foaming or rust is an issue please be sure to send a water sample.

#### Additional Information / Issues:

#### INSTRUCTIONS

Please complete this form and return to [lab@valcool.com](mailto:lab@valcool.com)  
 Once form has been submitted please print a copy and place with your samples.  
 Ship to:  
**ValCOOL Lab**  
 5230 Brittmoore Rd  
 Houston, TX 77041

You will receive a confirmation e-mail once samples have been received.  
 Results will be e-mailed 24-48 hours after receipt of sample.  
 Contact your ValCOOL Representative if you have any questions.

