

R09-2 Confirmation of D&D Requirements METALWORKING COOLANT SURVEY

Company _____ Date: _____ Sales Rep: _____
 Address _____ City: _____ State: _____ Zip: _____
 Contact: _____ Title: _____
 Phone _____ Fax: _____ E-mail: _____ Cell: _____

Product Information

1. Product Type Desired: Oil Soluble Oil Semi-Synthetic: Synthetic
2. Does customer prefer the same type of product he is now using: : Yes: No
3. If No, why does the customer wish to change: _____
4. Concentration of current product (if applicable): _____
5. Volume per month: _____ Price: _____/drum _____/gallon
6. Current Supplier(s): _____ Problems with current product (of any): _____

Operations and Metals

7. % Grinding: Surface _____% ID/OD _____% Centerless _____%: Other: _____, _____%
8. % Machining: Turning _____% Drilling: _____% Milling: _____% Broaching _____%
 Sawing _____% Tapping _____% Other _____, _____%
9. Metals: Cast Iron _____% Steel _____%: Aluminum _____% Brass _____% Zinc _____%
 Stainless _____% Brass _____% Magnesium _____% Other _____, _____%
10. Individual Sumps: No Yes, Average Size: _____
11. Central Systems: No: Yes, How Many: _____, Size(s): _____
12. Filtration Method: _____
13. General description of parts: _____
14. Is Rust Protection needed? No Yes, Duration: _____, Environment: _____
15. Is water: Hard _____ Soft _____. Send Sample of Water for analysis if not sure.

Salesmen Comments

1. What must we do to obtain this business? _____
2. Test Sample Size Required: _____ 3. Do you have date for test? No Yes: __ __/ __ __/ __ __



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Comments: _____

<u>For METALLOID Use</u>	
Product Recommended: _____	Date Sample Sent: __ / __ / __ / By: _____
Comments: _____	