

R09-4 Confirmation of D&D Requirements

**METALWORKING
Corrosion Preventative Survey**

Company _____ Date: _____ Sales Rep: _____

Address _____ City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

Phone _____ Fax: _____ e-mail: _____ Cell: _____

Product Information

1. Product type desired: Oil Solvent Based Emulsifiable Oil: Synthetic Other: _____
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. Drums used per month: _____ Price: _____/drum _____/gallon
5. Problems with current product (of any): _____

Performance and Use Considerations

6. Description of part(s): _____
7. Preventative applied by: Immersion Spray Brush, Swab, etc. Other: _____
8. Coating type desired: _____
9. Duration of storage: _____ 10. Where are parts stored? _____
10. Prior to storage parts are: (check any that apply) Put on pallets. Covered Wrapped Individually Boxed
 Placed in tote bins Other: _____
11. During storage parts will be in contact with: Wood Treated Paper Brown Paper or Cardboard
 Plastic Other: _____
12. Customer will eventually remove rust preventative: No Yes: Using: Solvent Cold Alkaline Cleaner
 Hot Alkaline Cleaner Other: _____

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:

Comments: _____

For Metalloid Use

Product Recommended: _____ Date Sample Sent: __/__/____ By: _____

Comments: _____