

## Chemical Compatibility Test Questionnaire

This form must be completed by the Sales Representative requesting compatibility tests and pass to the QA & H&S Department before such tests can be carried out.

No samples will be examined or tested without the completed questionnaire or the Material Data Sheets.

Insufficient information on this form will either delay testing or render the results unreliable when tested in real life conditions. Please ensure you provide as much detail as possible when completing this form.

Customer		Sales Contact	
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Customer Contact		Email Address:	
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Requested Time scale for testing \_\_\_\_\_

### 1. Justification for testing

New Product  
Result of an RMA  
Product Failure

  
  

Quality Issue  
Loss of Customer  
Other (please explain below)

  
  

Product Safety Issue  
New Sale /Customer

  

### 2. Any other Information which may help?

### 3. If the product has already been tested, please state why it needs to be tested again.

**4. Dispenser Range to be tested****Soap/Concentrate Dispensers**

MSD Soap/Spray/Foam   
 MSD Industrial   
 Venturi

Smart Pump or Super C   
 Pouch Systems   
 Multiflex System

BD2   
 Disposable Pump   
 Manual Dosing

**Peristaltic Pumps**

Highflow BrightLogic   
 Manifold

Standard BrightLogic

Other (Specify)

**5. Test required**

Submersion  Pump Test  Flow Rate  Replication of RMA problem

**6. Min of cycles / hours required to achieve satisfactory results:**

**7. Chemicals to be tested**

Chemical Name	Purpose	(QA Use Only) MC Number	Have we tested this before?

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 Approved by JB  
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