

# Request for Processing Trial



## Walther Trowal LLC Test Lab

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Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St, Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Department: \_\_\_\_\_  
Contact email: \_\_\_\_\_  
Direct dial: \_\_\_\_\_  
Date completed: \_\_\_\_\_

### Details for free-of-charge trials

We truly want to help determine the best machine & processing parameters for your parts by conducting trials for you. To help us achieve the requested processing result, we ask that you to fill out this sheet **completely**, and then send it in with the parts. Thank you for your cooperation!

General information:	
<input type="checkbox"/> New application	Part/work piece:
<input type="checkbox"/> Additional trial	Material:
Previous trial No.:	Dimension: _____ in
	Weight: _____ lb

Manufacturing process:		
<input type="checkbox"/> Turning	<input type="checkbox"/> Stamping	<input type="checkbox"/> Pressing
<input type="checkbox"/> Milling	<input type="checkbox"/> Deep drawing	<input type="checkbox"/> Diecasting
<input type="checkbox"/> Drilling	<input type="checkbox"/> Casting	<input type="checkbox"/> Forging
<input type="checkbox"/> 3D print	<input type="checkbox"/> Other (describe): _____	

Actual processing technique:	
<input type="checkbox"/> Manually	<input type="checkbox"/> Surface finished with:
<input type="checkbox"/> Shot blasting	Machine:
<input type="checkbox"/> Polishing	Media:
<input type="checkbox"/> Belt grinding	Compound:
<input type="checkbox"/> Hand Polishing	Process time:

  

<b>How do you treat your processing water?</b>	<input type="checkbox"/> Centrifugal recycling
	<input type="checkbox"/> Going to drain or Treated/ hauled away

Our requirements are especially focused on:	
<input type="checkbox"/> Edge breaking	<input type="checkbox"/> Surface ready for electroplating
<input type="checkbox"/> Deburring	<input type="checkbox"/> Surface roughness $R_a/R_z = \mu\text{in}$
<input type="checkbox"/> Radiusing	<input type="checkbox"/> Corrosion protection
<input type="checkbox"/> Descaling:	<input type="checkbox"/> Long-term corrosion protection
<input type="checkbox"/> Blend machining lines	<input type="checkbox"/> Other (describe): _____
<input type="checkbox"/> Clean surfaces	
<input type="checkbox"/> Bright surface	
<input type="checkbox"/> Shiny/ polished	

**Enclose a pilot sample & the surface specifications desired, if possible**

Quantities to be processed:	
<input type="checkbox"/> Pieces per day/month/year:	Shifts: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
<input type="checkbox"/> Bulk volume per day/month/year	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

Remarks: