

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	<input type="checkbox"/>	Quality Issue	<input type="checkbox"/>	Product Safety Issue	<input type="checkbox"/>
Result of an RMA	<input type="checkbox"/>	Loss of Customer	<input type="checkbox"/>	New Sale /Customer	<input type="checkbox"/>
Product Failure	<input type="checkbox"/>	Other (please explain below)	<input type="checkbox"/>		

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?

BRIGHTWELL DISPENSERS LTD

Unit 1, Rich Industrial Estate, Avis Way, Newhaven, East Sussex, BN9 0DU, UK
 T +44 (0)1273 513 566 F +44 (0)1273 516 134 E sales@brightwell.co.uk W brightwell.co.uk
 VAT No: GB 100 1998 47. Company registration No: 0661996. Registered in England.

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QF395 Issue 5
 Approved by CA
 Date Issued 26/09/2017