



**Mail, Fax or Email completed form to:
THE MASSACHUSETTS TOXICS USE REDUCTION INSTITUTE**

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TURI Surface Solutions Laboratory (SSL) Test Request Form

1. Please print or type. Be as thorough as possible.
2. Attach MSDS of present relevant chemistries.
3. Do not send any samples/parts without first contacting SSL. Date of Submission: _____

CONTACT INFORMATION

Company Representative: _____ Title: _____
 Company Name: _____ Tel.: _____
 Address (Street): _____ FAX: _____
 City/Town: _____ State: _____ Zip: _____
 Email: _____ Web site: _____

How did you hear about this state service? (circle one) Conference/Meeting; Consultant; DEP; EPA; Internet/Website;
 Journal/Article; OTA; Student; TURI; Within Company; Town Official; Used lab before; Vendor;
 Specific Person: _____ Other: _____

What is the objective of this test? _____
 Test to be witnessed? No Yes

LAYOUT OF FACILITY

Please provide/attach a rough floor plan of the cleaning operation with equipment locations, work stations. Photographs may be used.

PROCESS DESCRIPTIONS

What is the purpose of cleaning (i.e., desired product specifications)? _____

 What are the problems with present cleaning system? _____

DESCRIBE THE PART/PRODUCT TO BE CLEANED

What is this part/product used for? _____
 Select material(s) of construction: Aluminum Brass Copper Electronics Glass Nickel Stainless-Steel Steel Plastic Alloys
 Other: _____
 Specify specific types: _____
 List percentages cleaned: _____ (i.e., 60% Al, 40% 304 stainless steel)
 Surface (circle two): Rough or Smooth ---- Hard or Soft
 Geometry: Simple (e.g., flat) OR Complex (contains inaccessible areas)
 Approx. size: Small Medium Large (dimensions in inches): _____
 Weight: < 1/2lb, <1lb, < 5lb, < 10lb, < 50lb, >50lb weight: Min. _____ Max. _____

DESCRIBE THE CURRENT CLEANING PROCESS

Contaminants to remove: Oil Machining-Fluid Lubricant Grease Buffing Adhesive Resins Flux Ink Paint Wax Coating Dirt
 Other: _____
 Are samples of contaminants available? No Yes (if available, attach MSDS)

Manufacturer	Product	Amount Used per year (month or week)

Manufacturing step immediately before cleaning: _____

Manufacturing step immediately after cleaning: _____

parts cleaned **per week** (or shift, etc.): _____ **per batch:** _____

Equipment available for use (circle all that apply):

Vapor-Degreaser Mechanical-Agitation Air-Sparging Immersion/Soak/Dip Ultrasonic Manual Spray-Washer [High or Low _____psi]

Other: _____

Specify vendor, if possible: _____

Cleaning chemicals currently being used:

Manufacturer	Product	Concentration	Vol. used in equipment	Amount Used per year (month or week)	Time	Temp

Rinse Cycle, if any: Time: _____ min. Temp: _____ deg. F Water source: DI (deionized) OR Tap (circle one)

Drying Cycle, if any: Method: _____

Time: _____ min. Temp: _____ deg. F

After cleaning, parts are (circle one): Used Immediately OR Stored (circle one)

If stored, how: _____ How long: _____

Method(s) employed for evaluating cleanliness: None Visual Microscopic Ultra-Violet Gravimetric Contact Angle OSEE

Other: _____

Performance test, if any (please describe): _____

JOB DESCRIPTIONS

Job Titles in Cleaning Operation

Department	Job Title	# of Workers	Duties

Individual Worker Job Histories

Worker ID	Department	Job	Time Period (year) or	Time at each job (daily)

CONTROL MEASURES

Do you use any control measures (hoods, splash guards, goggles, gloves, etc): _____

What methods have you taken to control exposures within the last six months? The last year? _____

Comments or Areas of Concern: _____

Return any samples/parts? No Yes, to: _____

The information in this survey may be available to the public. Please contact the Institute if you wish to have this information remain confidential.

Visit us on the Web at: www.cleanersolutions.org