

# CENTRAL TEST LABORATORY

## TEST SPECIFICATION SHEET

H-5U

**SAMPLE AUTHORIZATION NUMBER (SAN):** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(PROVIDED BY YOUR ERIEZ SALES REPRESENTATIVE)

**CONTACT INFORMATION:**

COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

*Confirm Material Safety Data Sheet (MSDS) or other supporting documentation is attached to the sample along with the SAN.*

**MATERIAL DESCRIPTION:**                      HAZARDOUS                      NON-HAZARDOUS

**DETAILS:** \_\_\_\_\_  
(MATERIAL / CHEMICAL / MINERAL ASSAY)

Bulk Density: \_\_\_\_\_ Moisture Content/Solids %: \_\_\_\_\_  
(LB/FT<sup>3</sup>-T/M<sup>3</sup>)

Capacity: \_\_\_\_\_ Estimated Magnetics %: \_\_\_\_\_  
(TPH, GPM)

Size Distribution: \_\_\_\_\_

**TEST OBJECTIVE(S):**                      WET PROCESS                      DRY PROCESS

**DETAILS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proposal Reference #:** \_\_\_\_\_ **Please attach any other descriptive information.**

**SHIPPING:** *Regulation has made it necessary to return all samples submitted for evaluation. The submitter will be billed for return freight unless another mutually acceptable arrangement has been arranged.*

Returning Samples Carrier: \_\_\_\_\_ Account Number: \_\_\_\_\_

Return Address: \_\_\_\_\_

*Ship samples freight prepaid, including this form, MSDS if applicable, and labeled with the SAN to:*

**Domestic Samples:**

Eriez Magnetics      Eriez Magnetics  
1901 Wager Road      2200 Asbury Road  
Erie, PA 16509      Erie, PA 16506

**International Incoming Samples (Freight Forwarder):**

M.O.T. Intermodal      Contact: Chris Fusco  
1200-A Scottsville Road      Ph: 585-758-5800 • Fx: 585-758-5798  
Rochester, NY 14624      Email: motny@motintermodal.com

**Attention:** \_\_\_\_\_



**World Authority in Separation Technologies**

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