



8491 SEWARD RD.
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800-253-1941
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LAB PROCESS TEST PROFILE

CUSTOMER:

ADDRESS: _____

PHONE: _____

CONTACT: _____

DISTRIBUTOR:

ADDRESS: _____

PHONE: _____

CONTACT: _____

PART DESCRIPTION:

MATERIAL: _____

PRODUCTION RATE: _____

PROCESS PRIOR TO FINISHING: _____

PROCESS AFTER FINISHING: _____

CURRENT PROCESS: _____

EQUIPMENT: _____

MANUFACTURER: _____

SIZE: _____

COMPOUND: _____

CURRENT PROCESS TIME: _____

DESIRED PROCESS TIME: _____

INSTRUCTIONS: _____

PLEASE COMPLETE THE ABOVE TO THE BEST OF YOUR ABILITY. THE MORE INFORMATION PROVIDED THE MORE LIKELY TO PRODUCE A SUCCESSFUL FINISH AND PROCESS. PLEASE VISIT WWW.VIBRAFINISH.COM TO SEE FULL LAB DETAILS.

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