

Preferred Vacuum Test Analysis Information Sheet

Date of Testing:	HVT I.D. No. (XXXXXX)	Description of Test Location:	System Quality Class <i>L</i> ow / <i>M</i> edium / <i>H</i> igh	<i>S</i> upply / <i>E</i> xtract / <i>R</i> ecirculation	<i>N</i> ew or <i>E</i> xisting
Test Engineer:					
Job No:					
Testing Address:					
Pre/post clean					
<i>Contract Manager:</i>					
Contact Email:					
Return samples and information sheet to:					
Hasman Ltd, Unit 2 Sandon Way, Sandon Industrial Estate, Liverpool L5 9YN. laboratory@hasman.com 03330 121626					