

Report No. 840321

RESEARCH TEST & MEASUREMENT LAB WORK REQUEST

<input type="checkbox"/> Developmental <input type="checkbox"/> Design Acceptance <input type="checkbox"/> Pre-Pilot <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Production Acceptance	<u>AREA OF TESTING</u> <input checked="" type="checkbox"/> Safety Related <input type="checkbox"/> Competitive Evaluation <input type="checkbox"/> New Design <input type="checkbox"/> Design Change <input checked="" type="checkbox"/> Plant Assistance <input type="checkbox"/> Litigation <input type="checkbox"/> Warehouse Audit <input type="checkbox"/> Cost Reduction <input type="checkbox"/> Stake _____ <input type="checkbox"/> Other _____	
<u>FIREARM STAT'S.</u> MODEL: <u>M/700</u> CAL. or GAGE: _____ BARREL TYPE: _____ PRGOFED: YES _____ NO _____	<u>REPORT REQ'D.</u> FORMAL _____ TEST RESULTS ONLY <u>X</u>	DATE REQUESTED: <u>2/1/83</u> DATE NEEDED BY: <u>ASAP</u> REQUESTED BY: <u>JAL</u> WORK ORDER NO: <u>6-0460</u>

<u>TEST TYPE</u>			
<input type="checkbox"/> Strength Test	<input type="checkbox"/> Ammunition Test	<input type="checkbox"/> Dry Cycle Test	<input type="checkbox"/> Photo/Video
<input type="checkbox"/> Function Test	<input type="checkbox"/> Environmental Test	<input type="checkbox"/> Measurements	<input checked="" type="checkbox"/> Other <u>Drop Test</u>
<input type="checkbox"/> Accuracy Test	<input type="checkbox"/> Customer Complaint	<input type="checkbox"/> Endurance Test	_____

EXPLAIN IN DETAIL THE REASON FOR THIS TEST:

Determine if there is a functional difference in the vendor supplied connectors and connectors that are to model drawing.

Contact Jeff for test procedure

GUNS REQUIRED: 10 M/700 Guns/Actions
60 M/700 Fire controls
approx 60 Scrap Stocks

NOTE: NO firearms or parts will be tested in the Labs unless they are accompanied by a Work Request, and both are delivered to the Labs by the designer or engineer. All Work Requests are to be filled out in detail. No Exceptions.

DATE COMPLETED: _____
TEST COMPLETED BY: _____
REPORT DATE: _____