

Test Request No. 932381

RESEARCH TEST & MEASUREMENT LAB WORK REQUEST

Purpose for Testing:

<input checked="" type="checkbox"/> Developmental	<input type="checkbox"/> Design Change Eval.	<input type="checkbox"/> Ammunition Evaluation
<input type="checkbox"/> Design Acceptance	<input type="checkbox"/> Plant Assistance	<input type="checkbox"/> Cost Reduction
<input type="checkbox"/> Trial & Pilot	<input type="checkbox"/> Marketing Request	<input type="checkbox"/> Litigation Support
<input type="checkbox"/> Safety Issue	<input type="checkbox"/> Quality Evaluation	<input type="checkbox"/> Other

Types of Testing Requested:

<input type="checkbox"/> Intentional Abuse	<input type="checkbox"/> Endurance Testing	<input type="checkbox"/> Photography/Video
<input type="checkbox"/> Function Test	<input type="checkbox"/> Dry Cycle Testing	<input type="checkbox"/> High Speed Photography
<input type="checkbox"/> Accuracy Test	<input type="checkbox"/> Ammunition Testing	<input type="checkbox"/> Other (specify)
<input checked="" type="checkbox"/> Measurements	<input type="checkbox"/> Environmental Testing	

Type Report Desired:

☐ Formal Written
☒ Informal Written
☐ Results only

Date Requested: 8/26/93

(dd / mm / yy)

Date Needed: 9/10/93

(dd / mm / yy)

Work Order No. to be
Charged for This
Testing: _____

Name of Requester: D. FURMAN

Extension where you can be reached: 3415

Pager Number: 242

Firearm Descriptions:

Model(s): 522
Gage/Cal: _____
Barrel Type: _____
RAMAC #: _____
No. of samples: _____

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Explain in DETAIL the reason(s) for conducting this test.

- what are we trying to learn?
- what will be the criteria used to judge the results?
- use back of sheet if more room is needed.

TEST FOR TRIGGER PULL & INDENT

10 - CONTROLS

10 - WITH RAMP 2534 SEARS

TRIGGER PULL & INDENT
(NOTE BROW DOT)

TL-FORM # -001

Note: No firearms or parts will be tested in the Lab unless accompanied by a Work Request that is completely filled out along with the guns or parts that are to be tested. NO EXCEPTIONS

Date completed: ____/____/____

Completed By: _____

Report Completed: ____/____/____