

Report No. 820501

RESEARCH TEST & MEASUREMENT LAB WORK REQUEST

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| <input type="checkbox"/> Developmental <input type="checkbox"/> Design Acceptance <input type="checkbox"/> Pre-Pilot <input type="checkbox"/> Pilot <input checked="" type="checkbox"/> Production Acceptance | AREA OF TESTING <input type="checkbox"/> Safety Related <input type="checkbox"/> Litigation <input type="checkbox"/> Competitive Evaluation <input type="checkbox"/> Warehouse Audit <input type="checkbox"/> New Design <input type="checkbox"/> Cost Reduction <input checked="" type="checkbox"/> Design Change Stake _____ <input type="checkbox"/> Plant Assistance <input type="checkbox"/> Other _____ | |
| FIREARM STAT'S. MODEL: <u>M700</u> CAL. or GAGE: <u>-</u> BARREL TYPE: <u>-</u> PROOFED: YES <input type="checkbox"/> NO <input type="checkbox"/> | REPORT REQ'D. FORMAL <input checked="" type="checkbox"/> TEST RESULTS ONLY <input type="checkbox"/> | DATE REQUESTED: <u>2-19-82</u> DATE NEEDED BY: <u>2/21/82</u> REQUESTED BY: <u>J.W. Burch</u> WORK ORDER NO: <u>01303-100</u> |

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

EXPLAIN IN DETAIL THE REASON FOR THIS TEST:

Design change of safety assembly. Bolt lock-up removed. Parts are production samples for acceptance from a new die. To verify satisfactory functioning of parts with new design changes. Completely trigger assembly received from Production.

GUNS REQUIRED:

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: _____