

Report No. 832091

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 type="checkbox"/> Production Acceptance	<u>AREA OF TESTING</u> <div style="display: flex; justify-content: space-between;"> <div> <input 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 </div> <div> <input type="checkbox"/> Litigation <input type="checkbox"/> Warehouse Audit <input type="checkbox"/> Cost Reduction <input type="checkbox"/> Stake _____ <input type="checkbox"/> Other _____ </div> </div>	
<u>FIREARM STAT'S</u> MODEL: <u>XP100</u> CAL or GAGE: <u>7mm BR</u> BARREL TYPE: _____ PROOFED: YES _____ NO _____	<u>REPORT REQ'D.</u> FORMAL <input checked="" type="checkbox"/> TEST RESULTS ONLY _____	DATE REQUESTED: <u>7-28-83</u> DATE NEEDED BY: <u>ASAP</u> REQUESTED BY: <u>CE Rofe</u> WORK ORDER NO: <u>G0459-000X</u>

TEST TYPE

<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 type="checkbox"/> Other _____
<input type="checkbox"/> Accuracy Test	<input type="checkbox"/> Customer Complaint	<input checked="" type="checkbox"/> Endurance Test	_____

EXPLAIN IN DETAIL THE REASON FOR THIS TEST:

Hand load 1000 RDS 7mm BR.

ENDURANCE Test 1 production model XP100 -7mm BR.
 to 1000 RDS. (Jack shooting)

GUNS REQUIRED: get from warehouse

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: _____