

**AMERICAN ADHESIVE COATINGS COMPANY
TEST SAMPLE SUBMISSION FORM**

COMPANY INFORMATION

NAME _____

ADDRESS _____

CONTACT _____ PHONE _____

PAPER INFORMATION

PAPER SUPPLIER _____ GRAM WEIGHT _____

PATTERN _____

AACC WORK ORDER # _____ ROLL # _____

LAMINATING INFORMATION

LAMINATOR MANUFACTURER _____ MODEL _____

ACTUAL ROLL TEMPERATURES:

	CONTROL SIDE	CENTER	OTHER SIDE
TOP			
BOTTOM			
OTHER			

OIL TEMP SET AT _____

BOARD TEMPERATURE (IN) _____ (OUT) _____ UNWIND PRESSURE _____

SET-UP HYDRAULIC PRESSURE (NIP) _____ SPEED (F.P.M.) _____

RUN HYDRAULIC PRESSURE (NIP) _____

REASON FOR TEST

- NEW PRODUCT
- RECHECK OF LAMINATION
- PROBLEM WITH: _____

SHIPPING INSTRUCTIONS:

PLEASE CUT AN 8-INCH WIDE SAMPLE, FULL WIDTH. MARK THE CONTROL SIDE AND THE TOP OF THE PANEL. SEND PREPAID U.P.S. ALONG WITH THIS FORM TO:

AACC 12 OSGOOD STREET LAWRENCE, MA 01842 ATTN: QC LAB
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**PHONE: (978) 688-7400
FAX: (978) 691-5015**