Company Name

Contact Name & Title

Email or Phone Number

COMPONENT HISTORY

Manufacturer: 

Part Name & Number: 

Material: 

Weight: 

Overall Dimensions: W L/Dia Ht 

○ New Part ○ Used Part

Downtime: Hrs. $ 

Service Life: 

Total Cost per Part: 

Number Used per Year: 

Total Annual Cost: [excluding downtime] 

Solutions Presently or Previously Used:

○ None ○ Hard Chrome ○ CVD ○ TD ○ Thermal Spray ○ Heat Treatment

○ Repair ○ PVD ○ Other 

Which of the following wear mechanisms best characterizes the reason for component failure?

○ Galling/Fretting ○ Corrosion ○ Oxidation ○ Cavitation

○ Erosion/Abrasion ○ Release ○ Other 

Please describe the component function and operating conditions [i.e. pH/operating temperatures]
HEAT TREATMENT CYCLE OF TOOLING / COMPONENT TO BE TREATED

This section to be completed with the assistance of your Phygen Representative.

Method
- ○ Vacuum
- ○ Salt Bath
- ○ Atmospheric
- ○ Fluidized Bed

Austenitizing
\[ \text{°F} \quad \text{Minutes} \]

Quenching
\[ \text{°F} \quad \text{Minutes} \]

Temper
\[ \text{°F} \quad \text{Minutes} \]

Number of Tempers

Resulting Hardness
\[ \text{[Rockwell C]} \]

WORK REQUESTED

SPECIAL SERVICES

Please attach a print / sketch and/or a photograph of the component including its dimensions and tolerances. Please indicate the critical surfaces to be coated.

- ○ Strip Existing Coating
- ○ Polishing
- ○ Coat Only
- ○ Hot Rush Processing
- ○ Lab Analysis of Current Component
- ○ Please Describe any Masking Requirements
- ○ Please Describe any Special Coating Thickness Requirements

Please identify any regulatory / quality compliance matters (for example FDA/AMS 2444)

FOR PHYGEN OFFICE USE

Reference # _______________