

QUESTIONNAIRE CARBOLITE GERO



Please complete and send to sales@carbolite-gero.com

Carbolite Gero is ready to run heat treatment trials on your sample. To offer optimal results and solutions tailored to meet your specific needs, it is necessary to complete this questionnaire.

To be able to offer you the best possible solution for your material we kindly ask you to answer the following questions as detailed as possible.

MATERIAL DATA

- Sample Name/ Composition/ Description
- Sample mass [g]: Sample part size [mm]: Sample density [kg/m³]:
- Total number of samples:
- Does the sample require preparation? ☐ yes ☐ no
If yes, then please provide details:
- MSDS (Material Safety Data Sheet):
- Does the sample release any off gases when heat treated? ☐ yes ☐ no
If yes, then please name the off gases released with their compositions.

INFORMATION ON HEAT TREATMENT

- Does your process involve gas?
☐ Air ☐ O₂ ☐ N₂ ☐ Ar ☐ H₂ < 4% ☐ H₂ > 4% ☐ CO
If your process gas was not mentioned in the list above, please include below.
- Does your process involve a vacuum atmosphere? ☐ yes ☐ no
If yes, then please choose the required vacuum pressure.
☐ 1 – 100 mbar ☐ 10e-3 – 1 mbar ☐ 10e-6 – 10e-3 mbar
If yes, then please note down the partial pressure required for vacuum.
- Does your process involve sample preparation before heat treatment? ☐ yes ☐ no
If yes, then please describe the sample preparation needed before heat treating.
- Please describe the heat treatment process in detail. This allows us to choose the right product for your enquiry
- Does your process require an analysis from any of the following, either pre or post heat treatment?
☐ ELTRA – Elemental Analysis ☐ RETSCH – Milling & Sieving
☐ QATM – Materialography & Hardness Testing ☐ MICROTRAC – Particle Characterization

CONTACT

- | | | | |
|--------------|----------------------|-----------------|----------------------|
| Company*: | <input type="text"/> | Industry: | <input type="text"/> |
| Salutation*: | <input type="text"/> | Academic title: | <input type="text"/> |
| Name*: | <input type="text"/> | First name*: | <input type="text"/> |
| E-mail*: | <input type="text"/> | Phone*: | <input type="text"/> |
| Department: | <input type="text"/> | Address*: | <input type="text"/> |
| Post code*: | <input type="text"/> | City*: | <input type="text"/> |
| Country*: | <input type="text"/> | Signature: | <input type="text"/> |

*required