**TERUMO BCT**

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| **Tensile Strength TEST + WPT** | | Machine : |
| *Customer address:* | **Test** | Serial Nr : |
|  | Branch : |
| Date : |
| *Contact Person and fax number where the result should be send to:* | | |
| *Important remarks:*  Tube length should be about 12 cm  Weld should be at least 4.5 cm from the ends of the sample  Tubes should be empty and cleaned  The test are performed in blocks of maximum 10 welds  Tubing used:  Condition of the weld and tubing  Date of welding: | | |

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| **Customer approval for invoicing (name in written text):** |

Signature customer: ………………………….

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| **Test Results:** The welded tubing under test will be submitted to a tensile strength test. The breaking force will be recorded. The average and minimum value of all tubes will be calculated and noted. The weld tested will be discarded after the test has been performed. | | | | | | | |
|  | Customer Reference | Tube Length | Cleaned | Result N | | Remarks |  |
|  | **1** |  |  |  | |  |  |
|  | **2** |  |  |  | |  |  |
|  | **3** |  |  |  | |  |  |
|  | **4** |  |  |  | |  |  |
|  | **5** |  |  |  | |  |  |
|  | **6** |  |  |  | |  |  |
|  | **7** |  |  |  | |  |  |
|  | **8** |  |  |  | |  |  |
|  | **9** |  |  |  | |  |  |
|  | **10** |  |  |  | |  |  |
| Minimum value | | | | |  |  | |
| Average value: | | | | |  |  | |
| Stdev: | | | | |  |  | |
|  | | | | | | | |
| Serial number traction device: Calibration Date of Tensile Strength Tester: | | | | | | | |

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| *Remarks:* |

Edition – 2 signature Test Engineer………………… signature Quality Reviewer…………………. WMD-102B