

TEST ADHESIVE EVALUATION

Supplier: _____

Adhesive Code: _____

Applications:
(tipping, carton end flaps, etc.) _____

Test Period: _____

APPROVED

NOT APPROVED

If not approved state reasons.

Tester _____

Quality Control _____

Local Purchasing _____

Manager _____

Complete and return to D. R. Brickey, Department of Research
and Development, as soon as possible.

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