

TEST ADHESIVE EVALUATION

Supplier: \_\_\_\_\_

Adhesive Code: \_\_\_\_\_

Application: \_\_\_\_\_  
(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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