



# SKARSHAUG TESTING LABORATORY, INC.

Date: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
PO# \_\_\_\_\_

### Billing Information

Company \_\_\_\_\_  
Attn \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

### Shipping Information

Company \_\_\_\_\_  
Attn \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

Ship-Back Method (X): \_\_\_\_\_ Pick-up (please include phone #)  
\_\_\_\_\_ Ship Pre-Paid & Added  
\_\_\_\_\_ Ship collect (incude acct information)

### Items Included with Shipment

_____ pair of Rubber Gloves	_____ ea. Hot Sticks
_____ pair of Rubber Sleeves	_____ set of Jumper Cables
_____ ea. Blankets	_____ set of Ground Cables
_____ ea. Connectors	_____ ea. Strap Hoist
_____ ea. Line Hose	_____ ea. Chain Hoist
_____ ea. Hoods	
_____ ea. Cutout Cover	Other: _____
_____ ea. Cross Arm Guard	_____
_____ ea. Cross Arm Shield	_____
_____ ea. Insulated Saddle	_____
_____ ea. D.E. Protector	_____

**Person & Contact Info for failed items:** \_\_\_\_\_

**Notes for Lab:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_