



SAWS TEST APPLICATION DATA SHEET

Solid Carbide, Carbide-Tipped and H.S.S. Saws

Gaylee Saws Rep.: _____
 Customer Name: _____ Date: ____ / ____ / ____
 City/State: _____ Distributor: _____
 Phone: _____ Fax: _____ E-Mail: _____
 Contact: _____ Title: _____ Extn.: _____

GENERAL INFORMATION

(Application) B/P or Job # _____
 SC C-Tipped H.S.S. Saw Dia. _____ Saw Width _____ Tolerance _____
 Arbor Hole Dia. _____ # Teeth _____ Special Tooth Form _____
 Keyway (Y/N) _____ Keyway Dimension _____ Hub (Y/N) _____
 Hub Dimension: Dia. _____ Thickness _____ Rake Angle _____
 Positive / Negative _____ Surface Treatment _____
 Unique Job Details _____

JOB APPLICATION

Operation _____ Slot Width _____ Tolerance _____
 Depth of Cut _____ Tolerance _____ Material _____
 Hardness _____ Machine Tool _____ Condition _____
 Speed _____ Feed _____ Coolant Type _____ Mix _____
 Are saws ganged? (Y/N) _____ If yes, tolerance required _____
 Form to be generated _____ (Sketch or B/P helpful)

COMPETITION

Brand Name _____ Price (\$) _____
 Delivery _____ Annual Usage _____
 Current performance info. or problem _____

Criteria for successful test _____

TEST EVALUATION

GAYLEE PO# _____ Date _____ Dist. PO# _____
 Results _____
 Were you present for test? Y/N _____ Comments _____



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*FAX, E-MAIL OR MAIL TO GAYLEE SAWS WITH YOUR CONTACT INFORMATION,
 ALONG WITH PERTINENT DRAWINGS, SKETCHES OR OPERATIONAL DATA.*