

Heat Treatment Specification Sheet

Date: _____

Company Name: _____

Purchase Order: _____

Address: _____
City _____ State _____ Zip _____

Contact Name: _____ Contact Email: _____

Quantity: _____

Steel Type: _____

Rockwell: _____

Vacuum Harden

_____ 1 – Temper

_____ 2 – Temper

_____ 3 – Temper

⚠ PLEASE RUSH ⚠

Vacuum Anneal

Stress Relieve

Please Call When Finished

Please Ship When Finished