

CHEMICALS AND HARDLINES TESTING APPLICATION FORM

COMPANY NAME: _____ _____ Address: _____ _____ Tel. No.: _____ Fax No.: _____ E-mail : _____ Contact Person : _____	Issue Invoice To: _____ _____ Address: _____ _____ Tel. No.: _____ Fax No.: _____ E-mail : _____ Contact Person : _____	FOR LAB. USE ONLY _____ JOB NO: _____ _____ DP: _____ OR: _____ _____ DUE DATE: _____
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SAMPLE DESCRIPTION(S):	Sample Qty./Vol.	Item No./Product Code
_____	_____	_____
_____	_____	_____
_____	_____	_____
Buyer: _____ Importing Country: _____ Vendor / Manufacturer: _____		

TEST REQUIRED:

1. Leachable Lead and Cadmium <input type="checkbox"/> BS 6748 <input type="checkbox"/> EEC Directive 84/500 <input type="checkbox"/> DIN 51032 <input type="checkbox"/> ISO 6486 <input type="checkbox"/> US FDA CPG 7117.06/.07 <input type="checkbox"/> California Proposition 65 <input type="checkbox"/> New Zealand Food Reg. 1984	3. Miscellaneous <input type="checkbox"/> 16 CFR 1303 Total Lead <input type="checkbox"/> EN 71 Part 3: 1994 <input type="checkbox"/> ASTM F963-96a <input type="checkbox"/> Total Cadmium <input type="checkbox"/> EEC Dir. 128 / EEC	5. SASO Tests <input type="checkbox"/> Pork Fat Test (Lard & Lard Derivatives) <input type="checkbox"/> Microbiological Test <input type="checkbox"/> pH <input type="checkbox"/> Non - Volatile Matter <input type="checkbox"/> Ethanol <input type="checkbox"/> Surface Active Matter <input type="checkbox"/> Toxic Elements	6. Heavy Metals / RoHS Testing Pls. Specify <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ Assay: Pls. Specify <input type="checkbox"/> _____ <input type="checkbox"/> _____ Others: <input type="checkbox"/> _____ <input type="checkbox"/> _____
2. Materials Intended for Food <input type="checkbox"/> EEC Directive 90 / 128 <input type="checkbox"/> 21 CFR US FDA Part _____ <input type="checkbox"/> BFAD Standard	4. Packaging Tests <input type="checkbox"/> Shippers Drop Test <input type="checkbox"/> Vibration Test <input type="checkbox"/> Humidity Resistance <input type="checkbox"/> Env'l. Conditioning Test <input type="checkbox"/> CONEG		

SPECIAL INSTRUCTION(S):

RETURN TESTED SAMPLE : YES NO

CONCLUSION : Requested Not Requested Not Applicable

TEST SERVICES REQUESTED:

Regular (4-6 working days) **Shuttle** (24 hrs plus 80% surcharge - not applicable to all tests)

Express (2-3 working days plus 30% surcharge - not applicable to all tests) **Priority** (same day plus 150% surcharge - not applicable to all tests)

Note: * Pls. indicate preferred procedure or special instructions if any.
 * Retained sample(s) not claimed within 2 months of retention period after the issuance of report will be disposed without prior notification.
 * Chemical samples shall be returned to client for their own disposal.
 * A "working day" normally commences at 8:30 a.m. and ends at 5:00 p.m. weekdays. Saturdays, Sundays, and Public Holidays are not included in counting.
 * **MINIMUM CHARGE** per report is Php 770.00 VAT-inclusive.

We apply for the above tests and agree that all testing will be carried out subject to INTERTEK-LABTEST scale of charges as set forth in their latest pricelist/quotation, of which we have agreed upon and subject to the condition set out herein and overleaf.

Authorized Testing & Conforms to Pay Charges for this Application

 Signature over Printed Name of Authorized Representative

 Position

SAMPLE Submitted Drawn/By: _____ Picked-up/By: _____

FOR LABORATORY USE ONLY:

Sample Received by: _____ Date: _____
 Application Received by: _____ Date: _____
 Checked/Reviewed by: _____ Date: _____