

TOY TESTING APPLICATION FORM

COMPANY NAME: _____ Address: _____ Tel. No.: _____ Fax No.: _____ Email : _____ 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.	Item No.(s)/Product Code
_____	_____	_____
_____	_____	_____
_____	_____	_____
Age Grading / Age Limit :	_____	_____
Buyer :	_____	_____
Importing Country :	_____	_____

TEST REQUIRED:

1. US ASTM F963-96a <input type="checkbox"/> Physical and Mechanical <input type="checkbox"/> Flammability <input type="checkbox"/> Toxic Elements	3. CPSC <input type="checkbox"/> Physical and Mechanical <input type="checkbox"/> Flammability <input type="checkbox"/> Lead Content	5. Miscellaneous Tests <input type="checkbox"/> Colorfastness to Sweat & Saliva/DIN 53160 <input type="checkbox"/> 90/128 EEC Directive <input type="checkbox"/> DEHP (Phthalate) <input type="checkbox"/> PCP Other, pls. specify _____ <input type="checkbox"/> _____
2. BS 5665 / EN-71 <input type="checkbox"/> Part 1: Physical and Mechanical <input type="checkbox"/> Part 2: Flammability <input type="checkbox"/> Part 3: Migration of Elements	4. Microbiological <input type="checkbox"/> Standard Plate Count <input type="checkbox"/> Mold Count <input type="checkbox"/> Others: _____	

SPECIAL INSTRUCTIO(S):

Initial Test Retest to Report No. _____

RETURN TESTED/SAMPLE: YES NO

CONCLUSION : Requested Not Requested N/A

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 3 mos. of retention period after the issuance of report will be disposed without prior notification.
- * 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 ITS 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 Rep.

Position

SAMPLE Submitted Picked-up/By: _____

FOR LABORATORY USE ONLY:

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