



Test Request Form (Not for UN Certification Use)

DATE: _____ NOTE: Completed form must be returned to gh Testing within 24 hours to confirm quote or job order

Do you want to observe tests? [] New [] Retest (pack, product, or test change) Test timeframe: _____ [] No [] Yes, (Please make schedule arrangements in advance)

Company Address:

Name _____ Company _____ Address _____ Suite _____ City _____ Phone (____)____-____ Extension: _____ State _____ Zip Code _____ FAX (____)____-____ Email _____

Test Requested:

ISTA Test Procedure: [] 1A, [] 1B, [] 1C, [] 1D, [] 1E, [] 1G, [] 1H, [] 2A1, [] 2B1, [] 2C2, [] 3A2, [] 3A-V, [] 3B2, [] 3E2, [] 3F2, [] 3K, [] 4AB, [] 6-AMAZON.COM-SIOC, [] 6-AMAZON.COM-Over Boxing, [] 6-FEDEX-A, [] 6-FEDEX-B, [] 6-SAMSLUB, [] 7D, [] 7E

1 Note: Requires Atmospheric Conditioning, mark below.

2 Note: Optional Atmospheric Conditioning. If you wish to have conditioning, please mark the appropriate box below (additional cost)

NMFC Test Procedure: [] 180 (LTL), [] 181 (LTL), [] Fed Spec or MIL SPEC: _____

[] ASTM: _____; *Test Assurance Level [] I [] II [] III, *Distribution Cycle _____ (1 - 18)

[] Individual Test(s) or test data specifics - ASTM Method (list specific requirements in Comments below):

- [] Materials test [] Vibration [] Incline/Impact [] Drop test [] Environmental [] Shock test [] Compression test Stacked for more than 24 hours? Y

* Maximum Stack Height: _____ (if known) (For ISTA 2A/2B: Unless specified, the stack height is 270 inches) For reference: 15 foot warehouse = 180 inches, tractor trailer = 110 inches

* Safety Factor: _____ (if not known, the recommended Safety Factor for the procedure will be used)

- [] Company-specific Test Requirements (must be attached) [] OTHER TESTS/ADDITIONAL COMMENTS (provide test details, specification requirements, including any fixture requirements): _____

*Note: If these fields are not indicated, gh Testing will use the recommended Heights and Safety Factors as required by the standard being used.

Environmental Conditioning

- [] ISTA Conditioning: Select the most appropriate or severe condition the pack may encounter (The most common is Tropical Wet) [] Extreme Cold: 72 hours at -20°F (-29°C) at an uncontrolled RH [] Cold, Humid: 72 hours at 40°F (5°C) at 85% RH [] Controlled Conditions: 72 hours at 72°F (23°C) at 50% RH [] Hot, Humid: 72 hours at 100°F (38°C) at 85% RH [] Hot, Humid then Extreme Heat: 72 hours at 100°F (38°C) at 85% RH, then 6 hours 140°F (60°C) at 30%RH** [] Elevated Temperature: 72 hours at 120°F (50°C) at an uncontrolled RH [] Extreme Heat (Dry): 72 hours at 140°F (60°C) at 15% RH [] Severe Cold: 72 hours at 0°F (-18°C) at an uncontrolled RH [] User Defined: [] High: 72 hours at _____ °F at _____ % RH [] Low: 72 hours at _____ °F at _____ % RH [] Cycle: _____ (Total time must be a minimum of 72 hours)

[] Other Conditioning: _____ (You may still select conditioning above if those are the conditions which you wish to test)

Internal Office Use Only:

frm-305i R7

Reviewed By: _____

Accepted: Y or N

Tentative/Quoted Price: _____

Test Information:

Please define your acceptance criteria (what makes the pack acceptable upon receipt) - check all that apply:

- Criteria 1 - Product is damage-free
- Criteria 2 - Package is intact
- Criteria 3 - Confirm product operation
- Customer will inspect pack/product onsite for acceptance
- Customer will inspect pack/product offsite for acceptance
- Other - describe: _____

Test Information (continued):

- Does pack contain fragile/temperature sensitive items? Yes No
- Do you require photographs of the test? Yes No
- Do you require photographs of visible damage? Yes No
- Do you require a video of the test and visible damage? Y-VIDEO** No
- Do you require test consultation upon test completion? Yes No
- Do you require measurement uncertainty? (Only necessary for accredited tests, fee applies) Yes No

Constructive feedback from last test (if applicable): _____

**additional charge

Package/Product Information:

Product information:

Pack/Product Name: _____

Product Model # _____ Number of Samples: _____

Gross Weight (lbs): _____ External Size (inches): L: _____ W: _____ D: _____

Do you require certification to:

ISTA Yes No

NMFTA (Item 180/2F, Item 181) Yes No

(Test and pack information to be sent to ISTA and or NMFTA. You will then be contacted regarding the certification)

If yes, the following section must be filled out or complete packaging specifications must be submitted prior to the certification being issued

General Description of Pack: _____

(Please Send all Specifications on the pack, i.e. Inner Pack Type, Box Dimensions, and Type)

Please describe in detail the packaging materials utilized:

Corrugated grades: _____ Dividers: _____ Poly Bag Mil (Caliper): _____
 Cushioning: _____ Foam (Type): _____ Closures: _____
 Interior Packaging: _____ Other: _____

Disposition of Pack/Product Upon Test Completion:

- Dispose Of (non-hazardous materials only)
- Return when finished to: _____
 Address: _____
 Preferred Carrier: _____

Confirmation:

I certify that this is an accurate description of the pack/product as submitted for test. Pack/product information has been described above and/or attached to this document.

Authorized Company Representative

Date

gh Testing Client Information Sheet

Main Contact Information (Required)					
Company:					
Name:					
Street Address:					
City, State, Zip:				Email:	
Business Phone:				Mobile:	
Report sent by:		Check one: Mail:		Email:	
Report Sent To (if different than Main Contact)					
Company:					
Name:					
Street Address:					
City, State and Zip:				Email:	
Business Phone:					
Report sent by:		Check one: Mail:		Email:	
Alternate / Additional Project Contacts					
Name	Company	Email	Phone		
Accounts Payable Information (Required)					
Account Payable Company:					
Accounts Payable Contact Name:					
Bill To Street Address:					
City, State and Zip:				Email:	
Business Phone:					
Billing Details (Required)					
Payment Terms:		Net 30 unless otherwise attached			
Preferred Billing Method		Check one: Mail:		Email:	
Preferred Payment Method		Check applicable: Check:		Credit Card: EFT:	
<i>If paying by credit card, gh Testing will contact the person listed as the Main Contact for further information when testing is complete. If using EFT, details will be sent at the time of invoicing.</i>					
Additional Notes:					
Internal Info					
Sales person:					
Entered into database by:					