

PPE TESTING SAMPLE SUBMISSION FORM

Request for Testing / Evaluation

REPORT TO BE ISSUED TO:

Company Name:

Billing Address:

Attention To:

Phone Number:

Email Address:

Email Address (cc):

Provided Quote #:

BILLING INFORMATION (IF DIFFERENT)

Company Name:

Billing Address:

Attention To:

Phone Number:

Email Address:

SAMPLE SUBMISSION DESCRIPTION

	Peronal Protective Equipment Type	Description of Testing Method	Model Name	Lot #	# of samples	Additional Information
1						

COMMENTS OR SPECIAL HANDLING INSTRUCTIONS

By submitting this form, the Client agrees to and accepts the PPE Testing Lab's Terms and Conditions of Service. Relinquished by:

PRINTED NAME

SIGNATURE

TITLE

DATE

LABORATORY USE ONLY:

RECEIVED BY:

SIGNATURE:

TITLE:

DATE:

JOB ID:

COMPLETION DATE: