	INSTITUTE OF TROPICAL FORESTRY AND FOREST PRODUCTS (INTROP)								
UNIVERSITI PUTRA MALAYSIA							Revision I	No. :1	
BERILMU BERBAKTI	APPLICATION OF TESTING FORM		7 JE	RVICES	F3-A	4	Issue No.	:1	
		TORM					Issue Dat	e : 15 Jun 2020	
DATE :			JO	B NO. :					
	SECTION I: APPLICANT DETAILS								
Full Name :									
Company/Organization :									
Address :									
Tel. No. (Office & H/P) :				1					
Submission of Test Report :	Self Collect			E-mail Addres	ss :				
Expected Date of Collection :									
		SECTION II: PRODU							
		(Sample tested as rec	eivec	l from custome	er)				
Sample/Product Name	:		Nυ	mber of Sampl	le (Please list the				
			-	mple in the App		-			
Purpose of Testing (Certification/			Ot	her(s) Informati	on (Weight, vo	olume,			
Safety/Research/Others)	:		size	e, expiry date, o	etc.)	:			
		SECTION III: TES	TING	FACILITIES					
	PI	lease mark ($ slash$) for the te	st(s)/e	equipment req	uired				
(√) Type of Test	Type of Material	Test Method	(\mathbf{v})	Equipment	Rate		ange of	Special Request	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				(°C/min)	Temp	erature (°C)	
Tensile				TGA					
Flexural/Bending				DSC					
Compression Shear				DMA TMA					
				TG-IR					
Internal Bonding Single Fiber				FTIR					
Impact				FIIK					
Hardness			(√)	Type of	Test	Type o	f Material	Special Request	
Limiting Oxygen Index(LOI)				Densimeter		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
UL94 Chamber				Digital Image	Analyzer				
Accreditation Laboratory MS ISO	//EC 17025 seens			Bigilai illago	//				
-	STM D790								
						EDNAL	USE ONLY		
			_		TOK INI				
I have read and fully understood	-		Typ	be of Payment			Quotation		
and conditions applied to the tes	iting services offer	ea.		Cash			Amount (F		
Signature :				Chaqua				nvoice No. :	
Name : I/C No. :				Cheque			Received	by:	
Designation/Position :				Vot No. :					
Date :				vorno			Name:		
							Date:		
		SECTION IV: FOR LAB	ORA		•				
		02011011111011210					¥		
	Voc No Doment	r (quido)					res	No Remarks (guide)	
Sample (Adequate)	Yes No Remark				Any equival	ent me	thod		
Sample (Adequate)	(weight	/dimension, etc.):			Any equivale				
Sample condition(s)(acceptable)) (weight	:/dimension, etc.): solid/gas/wet/dry, etc.):			Competenc	e Persc			
	(weight	:/dimension, etc.): solid/gas/wet/dry, etc.):				e Persc			
Sample condition(s)(acceptable)) (weight	:/dimension, etc.): solid/gas/wet/dry, etc.):			Competenc	e Persc	nal	Inform Customer	
Sample condition(s) (acceptable) Appropriate method	(weight) (liquid/s	:/dimension, etc.): :olid/gas/wet/dry, etc.): nent):			Competenc Subcontract	e Persc	nal	Inform Customer Return Sample	

Reviewed by:

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(Technical Manager/Deputy Technical Manager/Science Officer*)

Date:

* for non accreditation equipment

All information is considered proprietary information and shall be regarded as confidential.

APPENDIX

No.	Sample Name	Quantity	Remarks