	INSTITUTE OF TROPICAL FORESTRY & FOREST PRODUCTS (INTROP)	
	APPLICATION OF TESTING SERVICES FORM	F3-B
	Rev. No. : 0	Issue No. : 1
		Issue Date : 10 July 2019

DATE :	JOB NO. :
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SECTION 1: APPLICANT DETAILS	
A. Contact Person	:
B. Company Address	:
C. Tel. No. (Office and H/P)	:
D. Fax No.	:
E. Submission of test report	: Self Collect <input type="checkbox"/>
	: Mail Postage <input type="checkbox"/>
	: E-mail <input type="checkbox"/>
	: Expected Date of Collection <input type="checkbox"/>

SECTION 2: SAMPLE INFORMATION <i>(Sample tested as received from customer)</i>	
A. Type of sample	D. Additional details
B. Number of sample	E. Sample need to be returned? * <input type="checkbox"/> Self collect (within 1 month after issuance of test report) Yes/No
C. Purpose of testing	** <input type="checkbox"/> Mail postage (Charge will be covered by customer)

SECTION 3: TESTING FACILITIES <i>Please mark (v) for the test(s)/equipment required</i>	
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A. Pulp Preparation	
Mechanical pulping	
Chemical pulping	
Pulp bleaching	

B. Paper Testing	
Canadian Standard Freeness	
Viscometer	
Kappa No.	
Fibre classifier	
PFI mill (beater)	


C. Papermaking	
Papermaking (Package I) including: - Hydropulper - Screener (Somerville) - Disintegrator - Pulp equalizer - Handsheet former - Speed dryer	
Paper Making (Package II) including: - Disintegrator - Pulp equalizer - Handsheet former - Speed dryer	

D. Paper Physical & Mechanical Testing	
Grammage	
Thickness	
Tensile	
Cobb test	

E. Chemical Analysis	
Gas chromatography-mass spectrometry	
Wood/Pulp Chemical content	

F. Morphology Testing	
Scanning Electron Microscope	
Scanning Electron Microscope -EDX	
Dinolite	

SECTION 4: COVENANT OF APPLICANT	SECTION 5: FOR INTERNAL USE ONLY	
I have read and fully understood and agreed to abide by the Terms and Conditions applied to the testing services offered.	Type of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Cheque/Bank Draft/Postal Order (payable to KIRA-KIRA AM UPM) <input type="checkbox"/> Vot No: _____	Amount (RM): Receipt No: Invoice No:
Signature : Name : I/C No. : Designation/Position : Date :		Received by: _____ Name: Date:

 UPM <small>UNIVERSITI PUTRA MALAYSIA</small> <small>BERSEKUTU BERSAMA-SAMA</small>	INSTITUTE OF TROPICAL FORESTRY & FOREST PRODUCTS (INTROP)	
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SECTION 6: FOR LABORATORY USE ONLY							
	Yes	No	Remarks (guide)		Yes	No	Remarks (guide)
Sample (Adequate)	<input type="checkbox"/>	<input type="checkbox"/>	(weight/dimension, etc.):	Any equivalent method	<input type="checkbox"/>	<input type="checkbox"/>	
Sample condition(s) (Acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	(liquid/solid/gas/wet/dry, etc.):	Competence Personal	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate method	<input type="checkbox"/>	<input type="checkbox"/>	(equipment):	Commencement of Work	<input type="checkbox"/>	<input type="checkbox"/>	Inform Customer <input type="checkbox"/> Return Sample <input type="checkbox"/> Others:
Subcontract	<input type="checkbox"/>	<input type="checkbox"/>					

Reviewed by:

.....
 (Technical Manager/Deputy Technical Manager/Science Officer*)
 * for non accreditation equipment

Date:

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

