

INSTITUTE OF TROPICAL FORESTRY AND FOREST PRODUCTS (INTROP)

APPLICATION OF TESTING SERVICES FORM

F3-A

Revision No. :00 Issue No. :01 : 1 March 2023 Issue Date

SECTION I: APPLICANT DETAILS									
Full Name	:								
Supervisor's Name	:								
Company/Organization	:								
Address	:								
Tel. No. (Office & H/P)									
Submission of Test Report	: Self Collect		Γ		E-mail Addres	ss :			
Expected Date of Collection :									
SECTION II: PRODUCT INFORMATION									
(Sample tested as rece					ived from customer)				
Sample/Product Type/Condition :			١	Number of Sample (Please list the					
			S	sam	ple in the App	oendix)	:		
Purpose of Testing (Certificatio	n/		Е	Ехрі	ry Date (if app	olicable)	:		
Safety/Research/Others)	:								
	ļ.	SECTION III: T	ESTIN	IG F	ACILITIES				
	1	Please mark (√) for the			********************************	uired			
Г	1	Tease mark (1) for me	resitis	y// C	<i>чортетте</i>		T		
($$) Type of Test	Type of Material	Test Method	((√)	Equipment	Rate (°C/min)	Range of Temperature (°C)	Special Request	
Tensile					TGA	(5,)	i i i i i i i i i i i i i i i i i i i		
Flexural/Bending				-+	DSC				
Compression				-	DMA				
Shear				-+	TMA				
Internal Bonding				-	TG-IR				
Single Fiber			╟	-	FTIR				
 			L		THK				
Impact Hardness			[,	(√)	Type of	Tool	Type of Material	Special Reguest	
 			-	-+		iesi	Type of Malerial	Special Request	
Limiting Oxygen Index				-+	Densimeter	AIt			
UL94 Chamber					Digital Image Analyzer				
Accreditation Laboratory MS ISO/IEC 17025 scope:									
ASTM D638 ASTM D790									
AGREEMENT OF APPLICANT				FOR INTERNAL USE ONLY					
I have read and fully understood and agreed to abide by the terms				Type of Payment					
and conditions applied to the testing services offered.					Cash / Bank Transfer				
Signature :			L						
Name :				Cheque / L.O. / P.O.					
I/C No. :									
Designation/Position :				Journal Transfer					
Date :					Vot No.:				
		SECTION IV: FOR L	ABOR	RAT	ORY USE ONLY	•			
SECTION IV: FOR LABORATORY USE ONLY							Van	No Domento (mida)	
Yes No Remarks (guide)						Yes No Remarks (guide)			
Sample (Adequate) (weight/dimension, etc.):					Any equivalent method				
Sample condition(s)(acceptable) [liquid/solid/gas/wet/dry, etc.):						Competence Personal			
Appropriate method (equipment):						Subcontract			
SAMPLE DISPOSAL BY:						Commencement of Work Inform Customer			
									
Customer (within one month from issuance of test report)								Return Sample	
Laboratory						Others:			
Reviewed by:						Job No. :			

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

 st for non-accreditation equipment

 $\hbox{All information is considered proprietary information and shall be regarded as confidential.}$

APPENDIX

No.	Sample Name	Quantity	Remarks