



PROTECTIVE CLOTHING

CHAIN OF CUSTODY/TEST REQUEST FORM

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PROTECTIVE CLOTHING

REPORT RESULTS TO:	Client Name:	Client Phone/Fax:
	Client Company:	Client Field Phone/Fax:
	Project Name:	Project Number:
	Client Mailing Address:	E-mail:
	Client City, State, Zip:	Shipped by: Date:

SEND INVOICE TO:	COMPLETE ONLY IF DIFFERENT FROM ABOVE		Phone:
	Client Name:		Fax:
	Client Company:		Client PO.#:
	Client Mailing Address:		E-mail:
	Client City, State, Zip:		

Product Designation (manufacturer, Glove/Sleeve/Fabric, etc.)	Cut Test via CPPT (ASTM F 1790-05 or F 1790-97) - ANSI 2011	Cut Test ASTM FF2992 - ANSI 2016 via TDM 100	ISO Cut Test (ISO 13997)	Puncture Resistance (ASTM F 1342)/ NIJ Protocol	Puncture Resistance (EN 388) - ANSI 2016	Hypodermic Needle Puncture (ASTM F2878)	Puncture Resistance (ISO 13996)	Tear Resistance (EN 388)	Puncture Propagation Tear (ASTM D 2582)	Abrasion Resistance (EN 388) - Martindale	Abrasion Resistance (ISO 12947-2) - Martindale	Abrasion Resistance (ASTM D 4966) - Martindale	Abrasion Resistance (ASTM D 4966) - Martindale	Taber Abrasion Resistance (ASTM D 3884 / D3389) - ANSI 2016, ASTM D 4060	Hand Dexterity (EN 420)/ NIJ Protocol	Penetration (ASTM F 903)	Permeation (ASTM F 739)	Pilling Test via Martindale (ATM D 4970)	Conductive Heat/ Hot Surface Contact (ASTM F 1060)	Cut test via EN 388	Tensile Test (ASTM D 412/D751 /D5034 /D5035)	Cut Test via CPPT ASTM F1790M-15 (2021)	Impact Resistance ANSI ISEA 138	Sample ID
Sample ID																								
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								

Remarks: Please Contact us for F 903 and F739 Testing before sending out Samples.

Logged In By: _____	TRI Log. Number: _____
"As-Received" Notes: _____	Control Document Designation: _____ Due Date: _____

PLEASE AUTHORIZE BY SIGNING AND DATING BELOW

NAME: _____ | SIGNATURE/DATE: _____