

Entrusted Test Application Form

Windows / Doors / Wall Curtains
Wind and Rain Performance Test



SINCE 1985

Chaoli Testing Laboratory

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Integrity Quality Confidentiality Profession

Pls fill in the details specifically prior to your submission to the lab. The content of this part of information provided by the applicant.

Name of Applicant :			
Project Name◇ :			
Construction Site◇ :			
Personnel in-charge :		Tel :	Mobile :
			Fax :
Report Title :		Invoice Title :	
Email :		Uniform Number:	
Delivery Add :			
Specimen Info	Name :		Manufacturer :
	Size : W	mm × H	mm × T
	Date of Receipt : (dd/mm/yy)		Material : Technical documents provided prior to submitting to lab. (Type and Thickness of Glass)
Test Methods and Terms & Conditions	Purpose <input type="checkbox"/> Performance Assessment(such as project building, acceptance, performance evaluation, ...) of Test: <input type="checkbox"/> Performance Verification(fresh materials or new construction methods, green building material, and etc.)		
	Air Infiltration Test: _____ Pa _____ class <input type="checkbox"/> CNS 11527 (2004) <input type="checkbox"/> CNS 13971 (2006) <input type="checkbox"/> ASTM E283 (2019)		
	Water Penetration Test: _____ Pa <input type="checkbox"/> CNS 11528 (2004) <input type="checkbox"/> CNS 13973 (2006) <input type="checkbox"/> CNS 13974 (2006) <input type="checkbox"/> ASTM E331 (2000) <input type="checkbox"/> ASTM E547 (2000) <input type="checkbox"/> ASTM E2268 (2004) <input type="checkbox"/> AAMA 501.1 (2017) <input type="checkbox"/> CNS 8081 Sec 6.4 (1981) <input type="checkbox"/> CNS 8183 Section 3.3 (1995)		
	Structural Performance Test : <input type="checkbox"/> CNS 11526 (2003) <input type="checkbox"/> CNS 13972 (2006) <input type="checkbox"/> ASTM E330 (2014) Deflection Test : + Pa \ - Pa , Repeated Test : + Pa \ - Pa Safety Test : + Pa \ - Pa		
	Interstory Displacement Test : <input type="checkbox"/> CNS 14281 (2006) <input type="checkbox"/> AAMA 501.4 (2018) <input type="checkbox"/> AAMA 501.7 (2017) Horizontal Displacement : <input type="checkbox"/> left/right _____ mm , <input type="checkbox"/> in/ out _____ mm Vertical Displacement : <input type="checkbox"/> up/ down _____ mm		
	Others :		
Subsidiary Conditions	Scheduled Test Time & Date (dd/mm/yy) :		
	Attendance Dispatched : <input type="checkbox"/> unnecessary <input type="checkbox"/> attended by _____ person(s)		
	Specimen Tested : <input type="checkbox"/> Collect back within own discretion (within 5 days) <input type="checkbox"/> Entrust it to the Lab (Fee will be incurred accordingly.)		
	Report Requirements : <input type="checkbox"/> Chinese <input type="checkbox"/> English (2 color test reports in Chinese version are offered. NT \$3000 is charged for each English version)		
	Reprint Report : <input type="checkbox"/> Chinese (<input type="checkbox"/> Color copy NT \$400 @ ___ cc <input type="checkbox"/> Black/white copy NT \$ 200 @ ___ cc) <input type="checkbox"/> English (<input type="checkbox"/> Color copy NT \$400 @ ___ cc <input type="checkbox"/> Black/white copy NT \$ 200 @ ___ cc)		
Requirements of Statements of Conformity : <input type="checkbox"/> not required <input type="checkbox"/> required (the measurement uncertainty not included)			
Note :		Applicant's Signature: Date (dd/mm/yy):	
Form Received Date :	File No :	Biz. Specialist	Auditor