

QUALIFICATION TEST REPORT AT A NON-GOVERNMENT TEST LABORATORY

THIS FORM SHALL BE COMPLETED FOR EACH TEST LOCATION

MILITARY SPECIFICATION, TITLE (NOUN, NAME) DATE, AMENDMENT AND DATE

TEST REPORT NUMBER

TEST REPORT DATE

SPECIFICATION SHEET/DETAIL SPECIFICATION AND DATE

AMENDMENT AND DATE

APPLICANT'S NAME AND MAILING ADDRESS

MANUFACTURER'S PLANT LOCATION(S)

TEST LABORATORY NAME AND ADDRESS

DESCRIPTION OF PRODUCT(S) TESTED (Government Designation and Manufacturer's Designation)

LETTER NUMBER AND DATE OF DLA LAND AND MARITIME LABORATORY SUITABILITY STATUS

LETTER NUMBER AND DATE OF DLA LAND AND MARITIME AUTHORIZATION TO TEST (DLA LAND AND MARITIME FORM 19)

GOVERNMENT REPRESENTATIVE

I certify that I did witness, at specified intervals, the tests indicated in this report by my stamp or signature, and that such tests were conducted as specified. This certification does not constitute approval or disapproval of the product(s).

NAME (TYPE OR PRINT) _____

(Government Representative)

TITLE _____

SIGNATURE _____

DATE _____

TEST LABORATORY (Mfr. Or Commercial)

I certify that all the tests described in this report were conducted as specified, by competent personnel using test facilities which have been inspected and found acceptable by the Government.

NAME _____

(Laboratory Representative)

TITLE _____

SIGNATURE _____

DATE _____

MANUFACTURER (Check applicable box)

I certify that the tests were conducted upon sample items randomly selected from a normal production lot, and that the items were manufactured in the location and by the manufacturer indicated above.

I certify that the tests were conducted upon sample which are representative of our production and that the items were manufactured at the location and by the manufacturer indicated above.

NAME _____

TITLE _____

SIGNATURE _____

DATE _____

PURPOSE OF TESTING

- INITIAL QUALIFICATION
- EXTENSION OF RANGE OF PREVIOUSLY QUALIFIED ITEMS
- REQUALIFICATION TO REVISED OR AMENDED SPECIFICATION
- DESIGN AND CONSTRUCTION CHANGE
- OTHER (DESCRIBE)

EXTENT OF QUALIFICATION

- COMPLETE
- PARTIAL (Describe)

TEST PERSONNEL (List all Personnel Actually Performing Tests and Personnel Supervising Tests.)

DEVICE FAILURES (List all Failure Modes Encountered and The Causes of these Failures During Burn-in and Life Tests)

REMARKS (Include any Abnormalities in Testing, Explanation of Failures, etc. If for Design and Construction Change, Include Explanation of Change and Reason (Benefits) for Change)

TEST EQUIPMENT USED FOR THIS REPORT

MANUFACTURER'S NAME

SPECIFICATION NUMBER

TEST REPORT NUMBER

TEST LABORATORY

AMENDMENT NUMBER

TEST REPORT DATE

DETAIL SPECIFICATION NUMBER

PRODUCT

SPECIFICATION PARA. OR TEST	EQUIPMENT	MANUFACTURER	TYPE OR MODEL	SERIAL OR INVENTORY NO.	DATE OF CALIBRATION