

LABORATORY TESTING CAPABILITIES SURVEY

Prescribed by: DLA Troop Support Clothing & Textiles Additional Quality Assurance Requirements
Sponsor: TA-DA

1. LABORATORY NAME	2. LABORATORY CONTACT (AREA CODE AND PHONE NO.)
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3. PHYSICAL ADDRESS

4. ADMINISTRATIVE ORGANIZATION OF LABORATORY	5. NAME(S) AND TITLE(S) OF LABORATORY TESTING OFFICAL(S)
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6. NUMBER AND CLASSIFICATION OF PERSONNEL INVOLVED IN TESTING			
6a. PROFESSIONAL			
CLASSIFICATION	NUMBER	CLASSIFICATION	NUMBER
Chemists	_____	Technicians	_____
Engineers	_____	Other: _____	_____
Biologists	_____		
Textile Technologists	_____		
Other: _____	_____		

7. BASIC NATURE OF BUSINESS:

Manufacture
 Process
 Sell
 Test
 Research

8. TYPES OF ITEMS TESTED BY YOUR LABORATORY

9. NATURE OF TESTING CAPABILITIES <input type="checkbox"/> Chemical <input type="checkbox"/> Physical <input type="checkbox"/> Biological <input type="checkbox"/> Colorfastness <input type="checkbox"/> Electrical <input type="checkbox"/> Other: (specify) _____	10. TYPE OF LABORATORY <input type="checkbox"/> Company Laboratory <input type="checkbox"/> Independent Laboratory <input type="checkbox"/> Academic or Non-Commercial Laboratory <input type="checkbox"/> Sales Service Laboratory <input type="checkbox"/> Other: (specify) _____
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11. RESPONSIBILITY FOR SAMPLING

Laboratory Personnel
 Factory Personnel
 Quality Control Personnel
 Custom Personnel
 Other (specify): _____

12. WILL YOU PERMIT INSPECTION OF YOUR LABORATORY ON TWO (2) DAYS NOTICE?

Yes No

13. DO YOU MAINTAIN AN AREA FOR TESTING UNDER CONTROLLED STANDARD ATMOSPHERIC CONDITIONS?

Yes No

13a. IF YES, NAME OR DESCRIBE THE FOLLOWING COMPONENTS OF THE SYSTEM

HUMIDIFIER
HEATER
AIR COOLER
TEMPERATURE REGULATOR

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HUMIDITY REGULATOR

OTHER

13b. NAME OR DESCRIBE DEVICES USED TO MEASURE AND RECORD TEMPERATURE AND RELATIVE HUMIDITY

13c. WHAT TEMPERATURE AND RELATIVE HUMIDITY IS MAINTAINED (GIVE UPPER AND LOWER LIMIT)

13d. WHAT ARE THE APPROXIMATE DIMENSIONS OF THE CONDITIONED AREA

14. DOES THE ABOVE SYSTEM MAINTAIN THE SPECIFIC ATMOSPHERIC CONDITIONS CONSISTENTLY AND UNIFORMLY THROUGHOUT THE AREA? IF YES, DESCRIBE HOW THIS WAS DETERMINED

17. LIST YOUR IMPORTANT TESTING DEVICES AS FOLLOWS (INCLUDE BASIC CHEMICAL EQUIPMENT AND LAUNDRY FACILITIES)

NAME AND MODEL OF TESTING DEVICE	PURPOSE OR FUNCTION	APPROXIMATE AGE	CALIBRATION INTERVAL (YR/MONTHLY)	DATE OF LATEST CALIBRATION

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15. WHAT LABORATORIES, IF ANY, PERFORM TESTING FOR YOU? INDICATE LABORATORY(S), TEST(S), AND REASON(S)

16. OTHER RELEVANT INFORMATION

PLEASE RETAIN THE ENCLOSED DLA SUPPORT CLOTHING AND TEXTILES ADDITIONAL QUALITY ASSURANCE REQUIREMENTS FOR REFERENCE ON TESTING POLICIES, PROCEDURES, REQUIREMENTS AND FORMS

* I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

PRINTED FULL NAME

SIGNATURE

DATE (MM/DD/YYYY)

* FALSE CERTIFICATIONS ARE COVERED BY A STATUTORY PROVISION REGARDING FALSE STATEMENTS, USC TITLE 18, SECTION 1001. WHICH PROVIDES A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT OF NOT MORE THAN FIVE (5) YEARS, OR BOTH.