**Plastic Proficiency Testing Service Application Form**

**No: labthink-2024-01**

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| **Name of Laboratory** |  | | | | | | | |
| **Address** |  | | | | | | **Post Code** |  |
| **Contact Person** |  | | **Cell Phone** | |  | | **Tel** |  |
| **E-mail** |  | | | | | | **Fax** |  |
| **Nature of Laboratory** | □Governmental Quality Inspection Organization □Enterprise Lab □Third- party Inspection Organization □Others | | | | | | | |
| **Accreditation** | | | | * Unaccredited □Accredited: | | | | |
| **Test Items and Test Standards** | Water Vapor Transmission | | | □ Gravimetric method | |  | | |
| □ Electrolytic detection sensor method | |  | | |
| □ Infrared detection sensor method | |  | | |
| □ Humidity detection sensor method | |  | | |
| Oxygen Gas Transmission | | | * Differential- pressure method | |  | | |
| □Equal-pressure method | |  | | |
| □ Tensile Force at Break | | | | |  | | |
| * Tensile Strain at Break | | | | |  | | |
| **Selected test item is accredited** | | □Y □N | | | | | | |
| **Remarks:**   1. Please fill in the full name of your laboratory. 2. Please specify the name of the organization by which your laboratory is accredited (if available). 3. Please fill in the Standard No. and name of the Standard. 4. Please complete the permeability tests independently. 5. Please refer to *SOP for Permeability Proficiency Service* for test requirements and test methods. 6. For the reasons of confidentiality, only Test Lab No. will be shown in the proficiency service report.   **Signature:**  **Date:** | | | | | | | | |