

Client: _____

File Number: _____

Inspection Date: _____

Time of Arrival: _____

Time of Departure: _____

LabTest Inspector: _____

Signature: _____

Client Contact: _____

Signature: _____

1. Manufacturer's Registered Name and Factory Location:

2. Contacts, Telephone, Fax, E-mail:

3. Directions for reaching the manufacturing facility: **Map attached**

4. Administration Office address, Telephone, Fax, E-mail (if different than 1. above):

5. Applicant's name and address (if different from 1. above):

6. Contact names and functions in the manufacturing facility (including the management representative responsible for product certification):

