

COLLABORATIVE STUDY

RELEASE FROM OBJECTS COVERED WITH PORCELAIN (VITREOUS) ENAMEL

APPLICATION FORM

COMPANY NAME		
ADDRESS		
STREET		
BUILDING NUMBER		
ZIP CODE		
CITY		
PROVINCE/AREA		
COUNTRY		
LAB MANAGER		
EMAIL		
PROJECT MANAGER (RESPONSIBLE FOR HANDLING SAMPLES)		
EMAIL		
DIRECT PHONE NUMBER AND/OR MOBILE PHONE NUMBER (TO BE COMMUNICATED TO THE COURIER)		

CRITERIA FOR RANKING

TYPE OF LAB	PLEASE INDICATE WITH AN "X"	STARTED IN YEAR
LABORATORIO NON ACCREDITATO		
LABORATORIO ACCREDITATO DA TOT ANNI		
LABORATORIO ISTITUZIONALE/EUROPEO		
LABORATORIO AZIENDALE		
BRIEF DESCRIPTION OF THE LAB AND THE ANALYSIS/SERVICES OFFERED		

PRESENCE OF ENAMEL USERS AMONG YOUR CUSTOMERS	
YES (IF SO, HOW MANY?) NO	
EXPERIENCE IN PERFORMING TESTS FOR FOOD CONTACT COMPLIANCE	
YES (IF SO, WHICH TESTS AND ON WHICH MATERIALS?) NO	
MEMBERSHIP TO NATIONAL OR EUROPEAN ASSOCIATIONS	
PORCELAIN (VITREOUS) ENAMEL	YES (IF SO, TO WHICH ASSOCIATION?) / NO
HOME APPLIANCES	
KITCHENWARE/HOLLOWWARE	
HOT WATER STORAGE PRODUCTS	
CHEMICALS	
LOCAL/REGIONAL INDUSTRY	
PARTICIPATION TO OTHER COLLABORATIVE STUDIES/INTERLAB	
YES (IF SO, WHICH?) NO	

I HEREBY AUTHORIZE THE TREATMENT OF THE ABOVE DATA IN ORDER TO ENABLE COMMUNICATIONS RELATED TO THE RANKING OF MY LAB AND THE SHIPMENT OF THE SAMPLES.

Date

Stamp and Signature

PLEASE SEND YOUR APPLICATION FORM TO: interlab@cisp.it