

Order Form

Testing of FFP Respiratory Masks EN 149

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Report to: Applicant Supplier Buyer

Invoice to: Applicant Supplier Buyer

Laboratory:

Hohenstein Laboratories GmbH & Co. KG | Schlosssteige 1 | 74357 Bönningheim | GERMANY

Quotation No.: (if available)

Laboratory's Use Only:

Report No.:

Due Date:

Applicant:

Name:		
Address:		
Contact Person:	Phone:	Cell Phone:
E-Mail:	VAT-No:	

Address/Mail for Dispatch of Report/Invoice: (only if different from the applicant)

Invoice Recipient:	Address:
	E-Mail:
Report Recipient:	Address:
	E-Mail:

Information Sample Material:

Sample Description:	
Valve: <input type="checkbox"/> Yes <input type="checkbox"/> No	FFP-Mask: <input type="checkbox"/> NR (not reusable) <input type="checkbox"/> R+D (reusable + dolomite dust) <input type="checkbox"/> D (dolomite dust)
Composition:	
Colour/Category:	End use:
Request No.	Article No.:
Country of Origin:	End customer/Buyer:
Re-Test: <input type="checkbox"/> No <input type="checkbox"/> Yes, earlier report number	
Others:	

Required Tests – EN 149:

Individual Tests	Samples Required	Test package	Samples Required	Certification to EN 149
<input type="checkbox"/> Visual inspection	3	<input type="checkbox"/> NR (not reusable)	without valve: 55 with valve: 65	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Breathing resistance	without valve: 12 with valve: 15	<input type="checkbox"/> R+D (reusable + dolomite dust)	without valve: 65 with valve: 75	
<input type="checkbox"/> Total inward leakage	15	Others:		
<input type="checkbox"/> Practical performance	5			
<input type="checkbox"/> Carbon dioxide content of inhalation air	6			
<input type="checkbox"/> Flammability	8			
<input type="checkbox"/> Penetration of filter material <input type="checkbox"/> paraffin oil <input type="checkbox"/> sodium chloride	12 each			
<input type="checkbox"/> Strength of the exhalation valve housing attachment	5			

Contact:

Administrative support: E-Mail: customerservice@hohenstein.com
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Technical support: E-Mail: ppe-testing@hohenstein.com

Date

Authorized Signature and Company Chop