|  |  |
| --- | --- |
| **Employer:***(Company Name, address)* | **Mandatory:** |
| Click to add text | Zachodniopomorski Uniwersytet Technologiczny w SzczecinieWydział Techniki Morskiej i TransportuLaboratorium Badań Cech Pożarowych Materiałówal. Piastów 4171-065 Szczecin |

Order no…………………..,

date: DD-MM-YYYY

1. Purpose of tests: Click to add text
2. Material:Click to add text
3. Material function / assembly:Click to add text
4. Manufacturer/supplier:: Click to add text
5. Description or general composition of the material (*names or symbols of components identification, producers of each one*): Click to add text
6. Material specifications *(if applicable)*: Click to add text
	1. density: Click to add text
	2. thickness: Click to add text
	3. surface mass: Click to add text
7. Method of sampling for tests: Click to add text
8. Invoice details: Click to add text
9. Contact person:Click to add text
10. List of attachments (eg Material / product catalog card):Click to add text

…………………………………………

*stamp,signature*