Test Request Form

［**Umbrella**］

Nissenken Quality Evaluation Center

* I agree to the terms and conditions and request the following test and report.

Reception date		

Requester	Company Name		Person in charge	
			TEL	
	Address		E-mail	
	Department		Number of the report copies	Japanese / English / Chinese / JNLA

If the name of report or billing address is different from the requester's, please fill in the required information below.

Test report information	Company Name		Person in charge	
	Department		TEL	
	Address	〒	E-mail	

Invoice information	Company Name		Person in charge	
	Department		TEL	
	Address	〒	E-mail	

Applicable standard		Buyer		Test case	Specified by requester・Required items
Brand		Item		Pass/Fail judgement	Yes ・ No
Color scheme	Yes ・ No	Season		Preliminary Examination Results	Yes ・ No
Return samples after testing	Yes ・ No	Return remaining samples	Yes ・ No	Destruction of the specimen	Acceptable・Not acceptable

sample discription		c/# (color number)	
style number		composition	

■Please put ✓ or ◯ next to the test items. ■Please describe the test standard/method or put ◯.

	Test items	Test standard	Qty.
Strength	Operability		
	Durability		
	Water leakage resistance		
	Flexural strength of the middle bar		
	Attachment strength of middle bar and hand or		
	Mounting strength of the middle bar and the upper		
	Tensile strength of the middle bar		
	Umbrella strength		
	Dimensional specification of the middle bar		
	Hand (hand color fading)		
	Rotating torque test		
	Torsion test		

	Test items	Test standard	Qty.
Surface treatment	Corrosion resistance	Galvanized, non-galvanized, painted	
	Membrane strength	Plated or non-zinc plated	
	Plating layer thickness	Galvanized or non-galvanized	
Colorfastness	Light resistance	Tertiary carbon irradiation	
	Water		
	Rubbing	(Dry ・ Wet) Type II	
	Sublimation		
Fabrics and sewing	Dimensional change ratio	Immersion method A	
	Tensile strength	Made of fiber ・ Made of plastic	
	Sewing		
Functionality	Water resistance	Low water pressure method	
	Water repellency	Initial	
	UV shielding rate	Label % ・ UPF value	
	Shading ratio		
	Heat shield rate		

Remarks column	

Reception Date	Request form No.	Receptionist
Year month day	D ☐☐☐☐ ― ☐☐☐☐☐	

Our center responsibly and properly manages the information obtained from this request.