



HOHENSTEIN

Quotation Form

Testing of Protective Clothing Against Chemicals & Infectious Agents

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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: not reusable - without pre-treatment
Yard Goods: Type of Protective Clothing: (tick all relevant types in case of combination)
 reusable - with pre-treatment not reusable - without pre-treatment 6 5 4 3 Partial body protection PB
Suit: Testing for protection against infectious agents:
 reusable - with pre-treatment not reusable - without pre-treatment Yes No
Composition:
Colour/Category: End Use:
Inquiry No. Article No.:
Country of Origin: End customer/Buyer:
Re-Test: No Yes, earlier report number:
Others:

Chemicals to be tested:	
Permeation	Repellency to liquids
<input type="checkbox"/> Acetone (2-propanone)	<input type="checkbox"/> Sulphuric acid 30 %
<input type="checkbox"/> Acetonitrile (methyl cyanide)	<input type="checkbox"/> Sodium hydroxide 10 %
<input type="checkbox"/> Carbon disulphide	<input type="checkbox"/> o-Xylene
<input type="checkbox"/> Dichloromethane (methylene chloride)	<input type="checkbox"/> Butan-1-ol
<input type="checkbox"/> Diethylamine	
<input type="checkbox"/> Ethyl acetate	
<input type="checkbox"/> n-Hexane	
<input type="checkbox"/> Methanol (methyl alcohol, carbinol)	
<input type="checkbox"/> Sodium hydroxide (30 %)	
<input type="checkbox"/> Sulphuric acid (96 %)	
<input type="checkbox"/> Tetrahydrofuran (THF, 1,4-epoxybutane)	
<input type="checkbox"/> Toluene (toluene)	

Required Tests – EN 14325, EN 14126 and type-specific requirements:

INDIVIDUAL TESTS		TEST PACKAGE <i>(tick several times for combined types)</i>	CERTIFICATION
Material tests <i>physical & chemical</i>	<input type="checkbox"/> Resistance to abrasion <i>Class to be achieved:</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> Type 6 <input type="checkbox"/> Type 5 <input type="checkbox"/> Type 4 <input type="checkbox"/> Type 3	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Bending crack resistance <input type="checkbox"/> Bending crack resistance -30 Degree <i>Class to be achieved:</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
	<input type="checkbox"/> Tear force (trapezoidal method)		
	<input type="checkbox"/> Tensile strength		
	<input type="checkbox"/> Puncture resistance		
	<input type="checkbox"/> Repellency against liquids		
	<input type="checkbox"/> Resistance to permeation by chemicals		
	<input type="checkbox"/> Resistance to ignition		
	<input type="checkbox"/> Resistance to flame impingement <i>Class to be achieved:</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
Material tests <i>microbiological/ infectious agents</i>	<input type="checkbox"/> Resistance to the penetration of contaminated liquids under hydrostatic pressure <input type="checkbox"/> Blood <input type="checkbox"/> Viruses <i>Class to be achieved:</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
	<input type="checkbox"/> Resistance to the penetration of infectious agents due to mechanical contact with substances containing contaminated liquids <i>Class to be achieved:</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
	<input type="checkbox"/> Resistance to penetration of contaminated liquid aerosols		
	<input type="checkbox"/> Resistance to penetration of contaminated solid particles		
Seams, joins and dressings	<input type="checkbox"/> Resistance to liquids: Penetration and permeation		
	<input type="checkbox"/> Seam strength		
	<input type="checkbox"/> Tensile strength of joints and bracings		
Entire suit	<input type="checkbox"/> Fog test (Type 6)		
	<input type="checkbox"/> Total inward leakage (Type 5)		
	<input type="checkbox"/> Spray test (Type 4)		
	<input type="checkbox"/> Jet test (Type 3)		
General requirements	Comfort and performance: <input type="checkbox"/> Sizes <input type="checkbox"/> Mobility		
	<input type="checkbox"/> Innocuousness: pH value, AZO dyes		
	<input type="checkbox"/> Label verification		
	<input type="checkbox"/> Review of the manufacturer's information		
Others			

Contact ADMINISTRATION:

E-Mail: customerservice@hohenstein.com
Phone: +49 (0)7143-271 898

Contact TECHNICAL SUPPORT:

E-Mail: ppe-testing@hohenstein.com
medical@hohenstein.com
zertifizierungsstelle_produkte@hohenstein.com

Date

Authorized Signature, Company Stamp (if available)