

IOS-PRF-0047 & IOS-PRF-0048 (IKEA CA TB 117-2013)

COMPONENT IDENTIFICATION FORM (Sections 1 & 2)

SAMPLE IDENTIFICATION: *For each component submitted, the identification must contain:*

Section 1: Cover Materials

Material producer: _____

Material identification (type of material such as main composition, physical characteristics, colour, treatment):

Identification code: _____

Material batch number or equivalent: _____

How and where the sample was taken: _____

Section 2: Barrier Materials

Material producer: _____

Material identification (type of material such as main composition, physical characteristics, colour, treatment):

Identification code: _____

Material batch number or equivalent: _____

How and where the sample was taken: _____

Note: *IKEA requires that the cover material and filling material pass the test.*

During development, IKEA will allow the use of a barrier material only when the cover fabric is unable to pass the test or when the cover fabric is to be fitted at a later date.

Filling materials must be fully compliant at all times.

-- Continued on Page 2 --

IOS-PRF-0047 & IOS-PRF-0048 (IKEA CA TB 117-2013)

COMPONENT IDENTIFICATION FORM (Section 3)

Section 3: Resilient Filling Materials

Material producer: _____

Material identification (type of material such as main composition, physical characteristics, colour, treatment) and its identification code: _____

Identification code: _____

Material batch number or equivalent: _____

How and where the sample was taken: _____

Ticking (For Loose Fill Submittals): _____

Section 3: Loose Filling Materials

Material producer: Loose Fill: _____

Cover Ticking: _____

Material identification (type of material such as main composition, physical characteristics, colour, treatment) and its identification code: Loose Fill: _____

Cover Ticking: _____

Identification code: _____

Material batch number or equivalent: _____

How and where the sample was taken: _____

Ticking (For Loose Fill Submittals): _____

-- Continued on Page 3 --

IOS-PRF-0047 & IOS-PRF-0048 (IKEA CA TB 117-2013)

COMPONENT IDENTIFICATION FORM (Section 4)

Section 4: Decking

Material producer: _____

Material identification (type of material such as main composition, physical characteristics, colour, treatment):

Identification code: _____

Material batch number or equivalent: _____

How and where the sample was taken: _____

Note: IKEA requires that the cover material and filling material pass the test.

During development, IKEA will allow the use of a barrier material only when the cover fabric is unable to pass the test or when the cover fabric is to be fitted at a later date.

Filling materials must be fully compliant at all times.

-- Continued on Page 4 --

IOS-PRF-0047 & IOS-PRF-0048 (IKEA CA TB 117-2013)

CLIENT'S P.O. #: *Optional. Only required if it is related to the proper processing of our invoice to you for payment.*

SPECIAL INSTRUCTIONS: *All special instructions contained in your purchase order, such as testing modifications, extra report copies, invoice distribution, etc., must be repeated on this test order form.*

Testing will be conducted as directed by this test order form which supersedes the purchase order.

COMPANY DATA: *Please complete all three columns. Where appropriate, "same" may be entered in Columns 2 and 3.*

Unless otherwise instructed, all reports will be sent to the company identified in Column 1.

	(1)	(2)	(3)
	COMPANY SUBMITTING SAMPLE	COMPANY TO APPEAR ON REPORT	COMPANY BILLING ADDRESS
Person's Name:			
Company Name:			
Address:			
Telephone #:			
E-mail:			

IKEA: *Send an electronic copy of the test report/s to IKEA:*

- Zhen Guo, Email: zhen.guo1@ikea.com
- Rana Rasheed, Email: rana.rasheed@ikea.com
- Other (Name and Email): _____

-- Continued on Page 5 --

IOS-PRF-0047 & IOS-PRF-0048 (IKEA CA TB 117-2013)

DO YOU REQUIRE YOUR SAMPLES TO BE RETURNED TO YOU: NO; YES CARRIER: _____
ACCOUNT #: _____

LITIGATION: *We need to know if the test is part of a lawsuit.*

IS THIS TESTING PART OF ANY ACTUAL OR INTENDED LEGAL ACTION, CLAIM, OR SIMILAR ACTION? NO*; YES
* Failure to answer will be considered "no".

CLIENT UPDATE (OPTIONAL):

Existing account; New account

In a few words, what brought you to SGS Govmark? _____

SEND SAMPLES TO: **SGS GOVMARK**
96 ALLEN BOULEVARD, SUITE D
FARMINGDALE, NY 11735 U.S.A.

Federal EIN # 27 4458985

Tel. +1 631-293-8944
Fax +1 631-293-8956
E-mail: rosemary.billelo@sgs.com

SAMPLES THAT ARE RECEIVED WITHOUT APPROPRIATE INFORMATION MAY BE DELAYED IN TESTING PENDING RECEIPT OF SUCH INFORMATION.

NAME OF PERSON COMPLETING FORM: _____ DATE: _____