

## REQUEST FORM FOR TESTING SAFETY OF TOYS

Dubai Central Laboratory

Doc.Ref:F-CP-2047; Rev.No:01; Issue Date: 18-10-2009 ; Page No:1 of 1

### PART 1 (To be filled in by the Customer)

CUSTOMER INFORMATION	
Customer Name:	
Customer Address:	
Telephone:	Fax:
E-mail:	
License No.:	
Customer Category: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Private <input type="checkbox"/> Dealer <input type="checkbox"/> Importer <input type="checkbox"/> Exporter <input type="checkbox"/> Designer <input type="checkbox"/> Multi-Role <input type="checkbox"/> Unknown	
Item brought in by: Mr. / Ms / Mrs.	
ITEM INFORMATION	
Customer Reference (if applicable):	
Item Name:	
Quantity:	
Test Requested (Test Codes):	
Item Disposition <input type="checkbox"/> Discard <input type="checkbox"/> Return	
Service Type <input type="checkbox"/> Private For <input type="checkbox"/> Import <input type="checkbox"/> Export <input type="checkbox"/> Others: ----- <input type="checkbox"/> Inspection (by DM inspectors)	
Release Report <input type="checkbox"/> Manually <input type="checkbox"/> Electronically	
For DM inspectors - <input type="checkbox"/> Routine <input type="checkbox"/> Complain <input type="checkbox"/> Survey	
Sampling Reason <input type="checkbox"/> Random <input type="checkbox"/> Suspicious <input type="checkbox"/> Others: -----	
Remarks:	

### PART 2 (To be filled in by the laboratory)

Date Received:	Request: Accepted / Rejected
Request No.	Expected Report Date:
Received by:	Amount to be paid (AED)
Remarks:	
Dubai Municipality reserves the right at its discretion to decline or accept the items submitted for testing. The toys shall be tested according to the relevant clauses of BS EN71 standard series for SAFETY OF TOYS While we make every effort to issue the report as per the expected reporting date, it might be changed if the test is repeated or in the case of unavoidable circumstances. Under exceptional circumstances, the request may be cancelled. The customer shall be informed whenever the request is rejected or expected reporting date is changed or request is cancelled. The customer or his authorized representative is expected to collect the report and the item (if requested to return) as per the expected date after making the payment. If the customer fails to collect the report within stipulated time (as informed by the Sample Management staff) from the expected reporting date, the item shall be discarded by the Dubai Municipality. Additional information (if any) shall be provided on request.	

I hereby undertake that all the information provided is correct.

Signature of the Customer

For Toys Testing Laboratory

### PART 3 – Issue of the Test Report (To be filled in by the laboratory)

Request: Cancelled / Report generated	Acknowledgement by the Customer Received the report and the item(s) as per the contract
Report No: Amount Paid: Yes / No Remarks (if any):	
Date: For Toys Testing Laboratory	Date: Signature of the Customer
Consumer Products Laboratory Section, POB-67, Tel: (+971 4) 302 7048 – Fax: (+971 4) 336 5463 - E-mail: <a href="mailto:labs@dm.gov.ae">labs@dm.gov.ae</a> - Website: <a href="http://www.dm.gov.ae">www.dm.gov.ae</a>	

Issued by SQO

Authorized by HOS