

**QUALIFICATION TEST REPORT AT A NON-GOVERNMENT TEST LABORATORY
THIS FORM SHALL BE COMPLETED FOR EACH TEST LOCATION**

MILITARY SPECIFICATION, TITLE (NOUN, NAME) DATE, AMENDMENT AND DATE	TEST REPORT NUMBER
	TEST REPORT DATE

SPECIFICATION SHEET/DETAIL SPECIFICATION AND DATE	AMENDMENT AND DATE
--	---------------------------

APPLICANT'S NAME AND MAILING ADDRESS	MANUFACTURER'S PLANT LOCATION(S)
---	---

TEST LABORATORY NAME AND ADDRESS

DESCRIPTION OF PRODUCT(S) TESTED (Government Designation and Manufacturer's Designation)

LETTER NUMBER AND DATE OF DSCC LABORATORY SUITABILITY STATUS

LETTER NUMBER AND DATE OF DSCC AUTHORIZATION TO TEST (DSCC FORM 19)

<p>GOVERNMENT REPRESENTATIVE</p> <p>I certify that I did witness, at specified intervals, the tests indicated in this report by my stamp or signature, and that such tests were conducted as specified. This certification does not constitute approval or disapproval of the product(s).</p> <p>NAME (TYPE OR PRINT) _____</p> <p align="center">(Government Representative)</p> <p>TITLE _____</p> <p>SIGNATURE _____</p> <p>DATE _____</p> <p>TEST LABORATORY (Mfr. Or Commercial)</p> <p>I certify that all the tests described in this report were conducted as specified, by competent personnel using test facilities which have been inspected and found acceptable by the Government.</p> <p>NAME _____</p> <p align="center">(Laboratory Representative)</p> <p>TITLE _____</p> <p>SIGNATURE _____</p> <p>DATE _____</p>	<p>MANUFACTURER (Check applicable box)</p> <p><input type="checkbox"/> I certify that the tests were conducted upon sample items randomly selected from a normal production lot, and that the items were manufactured in the location and by the manufacturer indicated above.</p> <p><input type="checkbox"/> I certify that the tests were conducted upon sample items which are representative of our production and that the items were manufactured at the location and by the manufacturer indicated above.</p> <p>NAME _____</p> <p>TITLE _____</p> <p>SIGNATURE _____</p> <p>DATE _____</p> <hr/> <p>PURPOSE OF TESTING</p> <p><input type="checkbox"/> INITIAL QUALIFICATION</p> <p><input type="checkbox"/> EXTENSION OF RANGE OF PREVIOUSLY QUALIFIED ITEMS</p> <p><input type="checkbox"/> REQUALIFICATION TO REVISED OR AMENDED SPECIFICATION</p> <p><input type="checkbox"/> DESIGN AND CONSTRUCTION CHANGE</p> <p><input type="checkbox"/> OTHER (DESCRIBE)</p>
--	--

EXTENT OF QUALIFICATION

COMPLETE

PARTIAL (Describe)

TEST PERSONNEL (List all Personnel Actually Performing Tests and Personnel Supervising Tests.)

DEVICE FAILURES (List all Failure Modes Encountered and The Causes of these Failures During Burn-in and Life Tests)

REMARKS (Include any Abnormalities in Testing, Explanation of Failures, etc. If for Design and Construction Change, Include Explanation of Change and Reason (Benefits) for Change)

