# Application Form ”Community Mask”

Testing Scope

[ ]  SNR 30000:2021

[ ]  CWA 17553:2020

Client

Full address

|  |  |
| --- | --- |
| Company: | Company |
| Street / no: | Street Nr. |
| Postal Code: | ZIP Code |
| City: | Place |
| Country | Country |

Contact person

|  |  |
| --- | --- |
| First name: | First Name |
| Last name: | Last Name |
| Phone: | Tel. |
| E-Mail: | E-Mail |
| Website: | Website |

Sample information / details of the submitted article

|  |  |
| --- | --- |
| Product description: | Item description |
| Article number: | Item number |
| Colour(s): | Colour |
| Washing temperature: | Washing temperature in °C |
| Number of washing cycles: | Number of washing cycles without performance loss |
|  | The minimum requirements for air permeability, particle filtration efficiency and splash resistance must be maintained over the number of wash cycles. |
| Drying: | Type of drying with drying temperature in °C |

External material

Please name all materials used and purchased products including the product description and name and address of the manufacturer.

|  |  |
| --- | --- |
| Article description / name: | Item description |
| Material composition: | Material composition |
| Colour (s) & colour number (s) | Colours and colour code |
| **Supplier / manufacturer**: | Supplier name |
| Contact: | Contact person |
| Adress: | Street/ building |
|  | Zip-Code / country. |
|  | Zip-Code / country. |

Insert

|  |  |
| --- | --- |
| Article description / name: | Item description |
| Material composition: | Material composition |
| Colour (s) & colour number (s) | Colours and colour code |
| **Supplier / manufacturer**: | Supplier name |
| Contact: | Contact person |
| Address: | Street/ building |
|  | Zip-Code / country. |
|  | Zip-Code / country. |

Other components (sewing threads, accessories etc.)

|  |  |
| --- | --- |
| Article description / name: | Item description |
| Material composition: | Material composition |
| Colour (s) & colour number (s) | Colours and colour code |
| **Supplier / manufacturer**: | Supplier name |
| Contact: | Contact person |
| Address: | Street/ building |
|  | Zip-Code / country. |
|  |  |

Attach manufacturer's information including instructions for use (mandatory):

* Each dispensing unit (retail pack, multiple pack or single pack) must be accompanied by instructions for use, washing and disposal in the local language(s).
* The raw material labels, the labelling according to the Textile Labelling Regulation and the contact details (name, address, possibly website) of the retailer and/or manufacturer must also be stated here. The use of graphic elements such as pictograms in the instructions are preferred.
* Attention must be drawn to the risks involved in handling masks, e.g. of small children
* The manufacturer should provide a simple method for checking the number of washing cycles (e.g. knots in the belts, waterproof marking, etc.).

Basic testing for harmful substances

* Basic testing required based on [factsheet](https://www.testex.com/en/downloads/mask/TESTEX_Factsheet_Community-Mask_CWA_EN.pdf) for pH-value, formaldehyde and cleavable cancerogenic
arylamines.
* If available, please enclose test reports from accredited third parties (not older than 6 months) or a valid STANDARD 100 by OEKO-TEX® certificate for the community mask.

[ ]  Test report(s) [ ]  STANDARD 100 by OEKO-TEX® certificate (community mask)

General Terms and Conditions of TESTEX AG at:
<https://www.testex.com/en/datenschutz/>

I hereby confirm that the application form and the enclosed documents have been completed truthfully and I agree to the General Terms and Conditions of TESTEX AG.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| City: |  |  | Date: | Date |
|  |  |  |  |  |
| Signature: | signature and block letters |  |  |  |