International Safe Transit Association
1400 Abbott Road, Suite 160
East Lansing, MI 48823-1900 USA
Tel: 517-333-3437 • *Fax:* 517-333-3813
E-mail: ista@ista.org • www.ista.org

CERTIFIED LABORATORY REPORT FORM

ISTA Preshipment Test PROCEDURE/PROJECT Performed:

☒ **1A** ☐ **1B** ☐ 1C ☐ 1D ☐ 1E ☐ 1G ☐ 1H ☐ 2A ☐ 2B ☐ 2C
☐ 2D ☐ 2E ☐ 3C ☐ 3D ☐ 3E ☐ 3F ☐ 3H ☐ 7A ☐ 7B ☐ 7C ☐ 7D

Procedure Version (year):

Please TYPE or PRINT clearly

CERTIFIED LABORATORY INFORMATION

Laboratory: **Badger Packaging Corporation** Lab Member ID: **ST-2067**

Address: **2035 Stonebridge Road** City: **West Bend** State: **WI** Zip Code: **53095** Country: **USA**

Technician Performing Test: **Troy Werlein** Report Submitted By: **2/22/07**

Signature *(of person submitting report)*: ---------- Email: **troyw@badgerpackaging.com**

PRODUCT MANUFACTURER/SHIPPER INFORMATION

Test Requested By*:* **Julie Wagner**

Company: **Gray Buffalo Fixtures**

Address: **500 Main Street**

City: **Anytown** State/Prov.: **WI**

Zip/Postal Code: **53095** Country: **USA**

Phone: **262-338-4080** Fax: **262-338-1887**

Email: **notgonnawork@email.com**

Manufacturer's License Number *(if known and applicable):* **N/A**

THIRD-PARTY TEST REQUESTER INFORMATION

Test Requested By: **N/A**

Company: **N/A**

Address: **N/A**

City: **N/A** State/Prov.: **N/A**

Zip/Postal Code: **N/A** Country: **N/A**

Phone: **N/A** Fax: **N/A**

Relationship to Product Mfg./Shipper: **N/A**

PACKAGE AND PRODUCT INFORMATION

Specific Product Tested *(*Product description should include, as applicable, product name, brand, model number, serial number and similar information. It is strongly recommended that photographs accompany this report*.):*

Stainless Dispenser

Date Tested: **3/20/11**

Number of samples tested: **1**

Number of replicate tests performed: **0**

Gross Weight: **74 lbs.**

External Container Size (LxWxD): **30" x 17.75" x 26.5"**

Test Number *(if assigned by Laboratory):* **36551-A**

Product Damage Tolerance (PDT): **None**

Package Degradation Allowance (PDA): **Minimal**

Method used to determine pass/fail: **Customer Inspection**

PDT/PDA Determined By/Date: **Julie 3/22/11**

PACKAGE DESCRIPTION

Describe entire shipping unit. Package description must be detailed and specific and should include type, style and material of packaging; corrugated board composition; cushion details including performance; film gage and composition; application or package forming details; mold numbers; any pallet or skid; unitization method for unit loads; methods of closure, etc. It is strongly recommended that photographs, detailed drawings, and/or complete specifications of both exterior and interior packaging accompany the report. It is recommended that a picture or drawing of both exterior and interior packaging accompany this report.

1. RSC Shipper: 275 BC Kraft: 29.375" x 17.125" x 25": Glue In
2. Scored Sheet: Top/Btm Filler: 275 BC Kraft: Sheet Size 56.4375" x 29.25 (2-per)
3. Scored Sheet: Side Fillers: 275 BC Kraft: Sheet Size 56.5" x 20.875" (2-per)
4. Scored Sheet: Back Filler: 275 BC kraft: Sheet Size 55.5625" x 20.875" (1-per)

TEST METHODS – THIS SECTION TO BE USED FOR PROCEDURES 1A OR 1B ONLY.

VIBRATION TEST INFORMATION

METHOD USED ☐ **Rotary Motion** ☐ **Vertical Linear**

Describe restraining devices used, if any:

Rotary Motion

First Part: Minutes: **30** @ Frequency (CPM/Hz): **245** = Number of Impacts: **7350**

Face resting on platform during First Part (orientation): **30" x 26.5"**

☒ Rotation of 90° **OR** ☐ Rotation of 180°

Second Part: Minutes: **30** @ Frequency (CPM/Hz): **245** = Number of Impacts: **7350**

Face resting on platform during Second Part (orientation): **26.5" x 30"**

Inspection after Rotary Motion Vibration? ☐ Yes ☒ No Results of inspection: ☐ Pass ☐ Fail

Vertical Linear

Minutes: @ Frequency (CPM/Hz): = Number of Impacts:

Face resting on platform during vertical linear vibration (orientation):

Inspection after Vertical Linear Vibration? ☐ Yes ☐ No Results of inspection: ☐ Pass ☐ Fail

SHOCK TEST INFORMATION

METHOD USED ☒ **Free Fall Drop** ☐ **Shock Machine** ☐ **Incline-Impact** ☐ **Horizontal Sled**

Use the spaces below to record the heights or velocities and orientations of each shock:

Shock Sequence Number	Height / Velocity of Shock (inches / mm OR fps / ips)	Orientation of packaged-product (ex: face 1; corner 2-3-5, edge 2-3)	
1	**12"**	CORNER	**As described in ISTA 1A**
2	**12"**	EDGE	**17.75"**
3	**12"**	EDGE	**26.5"**
4	**12"**	EDGE	**30"**
5	**12"**	FACE	**26.5" x 17.75"**
6	**12"**	FACE	**26.5" x 17.75"**
7	**12"**	FACE	**30" x 17.75"**
8	**12"**	FACE	**30" x 17.75"**
9	**12"**	FACE	**30" x 26.5"**
10	**12"**	FACE	**30" x 26.5"**
Rotational Edge #1 *(if performed)*	**n/a**	EDGE	**n/a**
Rotational Edge #2 *(if performed)*	**n/a**	EDGE	**n/a**

TEST RESULTS

☒ **Pass** ☐ **Fail**

Comments or recommendations *(include any alternative methods used and the reason used)*:
Pass/Fail to be determine by vendor because of electrical/Internal components.
Packaging experienced typical failure and faitigue. No visible structural damage to the product.
-3/25/11 customer Julie Wagner determined that packaging was a Pass.