

IKEA Package Test Application Form

Applicant Information	Supplier No:	Supplier Name:		
	Supplier Address:			
	Supplier Contact:	Phone/Mobile:	E-mail:	
	IKEA Contact:	Trading Office:	Phone/Mobile:	E-mail:
Invoice Information	Invoice Title:			
	Invoice delivery address:			
	Invoice Contact:	Phone/Mobile:	E-mail:	
	PO no.:	(For IKEA only) Cost Centre:		
<input type="checkbox"/> Test Report not copy to IKEA Contact				
Product Testing Types: <input type="checkbox"/> Verifying Test <input type="checkbox"/> Prototype Test <input type="checkbox"/> Follow up Test (For IKEA only)				
Sample Disposal: <input type="checkbox"/> Not Return <input type="checkbox"/> Return Remained Sample (Freight Collect) <input type="checkbox"/> Return Tested Sample (Freight Collect)				

Sample Information (Items with * are very important)

<input type="checkbox"/> Raw Material		
Basic information:	*Material Producer:	Material Description:
	*Production Date/Batch Number:	Sample Amount:
Corrugated Board:	*IKEA CB Code:	*CB Color: <input type="checkbox"/> Brown/Brown, <input type="checkbox"/> White/Brown, <input type="checkbox"/> White/White
	*Flute Type: <input type="checkbox"/> E, <input type="checkbox"/> B, <input type="checkbox"/> C, <input type="checkbox"/> A, <input type="checkbox"/> BA, <input type="checkbox"/> BC, <input type="checkbox"/> AC, <input type="checkbox"/> Other:	
	*Paper Composition (Type & Weight for each layers) (e.g.: A160g/F120g/B120g):	
Paper Pallet-Feet:	*Feet Size: <input type="checkbox"/> 180*90mm, <input type="checkbox"/> 140*90mm, <input type="checkbox"/> 90*90mm, <input type="checkbox"/> 60*90mm	
	*Feet Filler Quality (e.g.:CB25):	*Feet Tray Quality(e.g.:CB10):
Paper Pallet-Load Bearer:	*Load Bearer Code: <input type="checkbox"/> LB05, <input type="checkbox"/> LB10, <input type="checkbox"/> LB20, <input type="checkbox"/> LB30 <input type="checkbox"/> LB40, <input type="checkbox"/> LB50	*Load Bearer Quality (e.g.:CB150/CB230):

Additional Information

Date: _____

Authorized Signature: _____

Test Item(s) Required (Please mark) and sample requirement:

Packaging general requirements in IOS-P-0010:

- ☐ Complete test **Corrugated board** (36pcs, 50*50cm)
 - ☐ Flat crush test (FCT) ISO 3035 (5pcs, 50*50cm) (Not applicable to E flute and Double or Triple wall)
 - ☐ Edgewise crush test (ECT) ISO 3037 (4pcs 50*50cm)
 - ☐ Thickness ISO 3034 (4pcs, 50*50cm)
 - ☐ Bursting strength test (BST) ISO 2759 (6pcs, 50*50cm)
 - ☐ Bending stiffness ISO 5628 (10pcs, 50*50cm)
 - ☐ Cobb60 test ISO 535 (4pcs, 50*50cm)
 - ☐ Nominal Weight (g/m²) (4pcs, 50*50cm)
 - ☐ Dry Weight (4pcs, 50*50cm)
- ☐ **Paper Pallet Feet** (Compression test for feet (15pcs feet))
- ☐ Complete test **Load Bearer**
 - ☐ Load bearer sheet deflection test (10pcs on MD, 45*10cm and 10pcs on CD direction, 45*10cm)
 - ☐ Cobb60 test (15pcs, 14*14cm)

1. The specimen should be provided with identification (e.g.: CB/LB/IF code) in one corner and be as small as practicable.

2. Each specimen shall be **kept flat, free from wrinkles and folds, and before converting process to boxes or pallets.**

Please forward the filled form to:

Eduardo Molina

molina@vt.edu

Samples must be shipped to:

Attn: Eduardo Molina

1650 Research Center Dr.

Blacksburg, Virginia 24061

P: (540) 231-7107F: (540) 231-8868