# TRIPLE/S DYNAMICS MATERIAL TESTING POLICY

Triple/S Dynamics routinely offers free conveying, screening, or separation testing and/or rate testing of your material to verify the suitability of your equipment selection prior to manufacture, including a test report. Ordinarily, there is no charge for such tests; however, we do require that the cost of freight both ways is borne by the customer and that the following procedure is strictly adhered to.

#### **Hazardous Material**

Federal law requires all suppliers of material to provide a Safety Data Sheet (SDS) for all materials, or a written statement that the material is not hazardous as defined by the Federal Hazard Communication Standard, 29cfr, Section 1910.1200.

- Testing is restricted to level 0 or 1 as defined by the **NFPA** Code Ratings designated on the SDS Sheet for each material.
- NFPA Level 2 materials can be reviewed on an individual basis upon request.
- **No testing** is permitted within a Triple/S Dynamics facility or by Triple/S Dynamics employees on level 2 without written approval.
- NFPA Level 3 and above cannot be tested by Triple/S Dynamics and WILL BE REFUSED by our receiving department.

#### **General Procedure**

#### **Prior to Shipment:**

• Complete this form and return to Triple/S Dynamics via email or fax with SDS sheets for each material so it can be reviewed.

#### Shipping & Return of Your Material:

- Ensure that the appropriate SDS (if applicable) or a written statement is attached to your material and each container is tagged with the Triple/S Dynamics test number that will be provided to you.
- Ship your test material prepaid with return shipping information to the lab or product manager's attention with all necessary external labeling, including the Triple/S Dynamics Test Material Data Sheet with assigned test number.
- Include Return Carrier info, (account # if preferred) ship to name, address and phone number.

#### After Testing:

- <u>If requested</u>, the remainder of the material will be returned via freight collect or via your shipper and account number.
- A test report will be submitted to document test results.
- If necessary, test samples will be returned freight collect or via your shipper and account number.

#### **Material Quantities:**

Please discuss the appropriate volume of material to be sent in for testing with your Product Manager.

Note: Failure to abide by this procedure may cause your material to be refused by our receiving department. We thank you in advance for helping us to avoid any such inconvenience. Your signature is required to acknowledge that the preceding conditions are fully understood and satisfactory to you.

Signature:	 Date:

If you have any questions regarding your material testing, please feel free to contact the appropriate Product Manager.

For material that does not meet the hazardous material standard as defined by OSHA, please provide a written statement below, signed and dated, certifying the material is not hazardous.

### **<u>CERTIFIED WRITTEN STATEMENT:</u>**

Signature:			_ Date:	 
Approved by:			Date:	
(Triple/S Dynamics Health & Safety Manager)				

If you have any questions regarding your material testing, please feel free to contact the appropriate Product Manager.

TEST MATERIAL DATA SHEET			
Send test material along with this data sheet to:	Test Number:		
Triple/S Dynamics, Inc.	Product Manager:		
1031 S. Haskell Avenue	Received By:		
Dallas, TX 75223 Phone: (214)-828-8628 or (800)-527-2116	Date:		
Fax: (214)-828-8688 www.sssdynamics.com			
CUSTOMER INFORMATION:			
Company:			
Contact:		Email:	
Address:			
Address:			
City, State:		Zip:	
Phone:		Fax:	
Purpose of test/ special instructions:			
MATERIAL SOURCE (if other than above	):		
Company:			
Contact:		Email:	
Address:			
Address			
City, State		Zip:	
Phone:		Fax:	

NOTE:

If test material is coming from a 3rd party supplier, forward a copy of this document to them so that they may include it with their shipment, as required.

Quantity	of	each	material:
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Description of material(s):

## **RETURN TEST MATERIAL TO:**

Company:		
Contact:		
Address:		
Address:		
City:	State:	
Zip:	Country:	
Phone:	Fax:	
Email:		
Carrier:	Account #	

<u>NOTE</u>: If this page is left blank, material will be returned freight collect to the source via carrier of our choice.

RETURN TEST MATERIAL TO: (INTER	RNATIONAL)	
Customs Broker:		
Contact:		
Address:		
Address:		
City:	State:	
Zip:	Country:	
Phone:	Fax:	
Email:		
Country of Origin:		
Total Weight:	No. of Pkgs.:	
Special Instructions:		