

TEST REQUEST

№...../.....20.....
/ Completed by „Kontrol 94” Ltd. /

1. Data for applicant:	
Name:	
Address:
Phone / fax, E-mail:	
Identification №; Tax ID (VAT) №
Contact Person, Phone:	
2. Data for manufacturer:	
Name:	
Address:
Phone / fax, E-mail:	
Quality system:	
3. Object (s) to be tested: / name, type, brand /
4. Normative documents for testing: / name of standards, BDS EN, EN, ISO, TS and region norms /
5. Additional specific requirements of the applicant:
6. Would you like to be determined energy efficiency class of appliance/s according Delegated Regulation (EC) 2015/1186 and/or Delegated Regulation (EC) 2015/1187 (depending on the test object (s))	
Check your choice - <input type="checkbox"/> Yes; <input type="checkbox"/> No; Note:	
7. Appliance/s to be tested by the following fuel: / beech wood logs, coal (briquettes) or both, pellets and etc. /
7.1. The test fuel is provided by:	<input type="checkbox"/> „Kontrol 94” Ltd. <input type="checkbox"/> Applicant Certificate of analysis: / Check your choice /
8. Reporting of conformity: Do you wish to report the declaration of conformity in the Test Report issued by the Laboratory?	
Check your choice - <input type="checkbox"/> Yes; <input type="checkbox"/> No Please report the declaration of conformity according to:	
9. The test report should be issued in:	<input type="checkbox"/> Bulgarian <input type="checkbox"/> English / Check your choice /
10. The laboratory shall: be responsible for all information obtained or created during the test and be informed in advance if you intend to do properly in public, except in the case where this information is obtained from authorized and supervisory bodies.	
11. Attachments:	- The design documentation. - Instructions for installation and operating. - Certificates and declarations of conformity for used materials. - Completed and signed forms for preparation of a test request. - Declaration of conformity for LVD – 2014/35/EU; EMC – 2014/30/EU and machinery – 2006/42/EC (where is applicable).

Applicant:.....
/ signature and stamp /

Data to be filled in by „Kontrol 94” Ltd.:

I. Declaration of Impartiality: The undersigned's declare that we have no relationships based on ownership, leadership, management, personnel, shared resources, finances, contracts, marketing (incl. Brands) and payment of commissions from sales or more to attract customers in relation to the object (s) requested for testing. We know that for incorrect information, liability under Art. 313 of the Penal Code:

1. / /
/ signature /, / analyzer family name /

2. / /
/ signature /, / analyzer family name /

3. / /
/ signature /, / analyzer family name /

II. Risk analysis of impartiality:

No	Personnel assigned to perform the specified test	Threats to impartiality, according to PK 4.1 and FK 4.1-2 (answer the questionnaire after the table with Yes or No)*									Availability / Absence of conflict of interest (Yes / No)
		1.1	1.2	2.1	2.2	3.1	3.2	4.1	4.2	4.3	
1											
2											
3											

Questionnaire: In connection with ensuring impartiality and independence of persons designated to carry out the tests of objects in the execution of orders and contracts from customers, the head of the lab asks the following questions to analyze the risk of impartiality and independence of the laboratory.

Threats to impartiality from:

1. Leadership / Management

1.1 Are you in any way connected with the company assigning activities for the implementation of this request?

(Yes / No)

1.2 Are you a member of the management board of the company assigning activities for the implementation of this request?

(Yes / No)

2. Shared resources - personnel, equipment

2.1 Do you work in an employment or other relationship within the company contracting activities in implementing this request? (Yes / No)

2.2 Are you aware of the joint use and /or rental of equipment and premises with the contracting authority in this request?

(Yes / No)

3. Contracts - payment of commissions or other incentives to attract customers

3.1 Do you receive commissions or other incentives from the contracting company for this application in purpose to compromise test results? (Yes / No)

3.2 Have you offered preferences in order to attract the contracting company of this application for our client? (Yes / No)

4. Personnel

4.1 Have you been involved in the design, manufacture, supply, installation, repair and maintenance of the appliances covered by this application? (Yes / No)

4.2 Do you maintain personal relationships (family, friendly or conflicts that have arisen in the past) with personnel members of the company assigning this application? (Yes / No)

4.3 Have you participated in any refresher courses organized by the contracting company or have you provided services related to the training of employees of the contracting company in this application? (Yes / No)

*** - The risk of impartiality is assessed as follows:**

Answer "No" - there is no risk of impartiality, answer "Yes" - there is a threat to impartiality.

In the presence of a risk of impartiality, i.e. answer "Yes", the Head of the laboratory removes the appointed employee from performing the respective test.

Attention: When the head of laboratory is required to perform tests, the assessment of the risk of impartiality for it is performed by the Manager.

Date:

Head of laboratory:
/ /

Manager:
/ /