

Reference Clause 52.246-9032. The following form on pages 161-163 is required to be filled out for each lab listed under Clause 52.246-9032.

LABORATORY TESTING CAPABILITIES SURVEY		1. LABORATORY NAME EMSIG MFG IN HOUSE TESTING	
2. LABORATORY LOCATION (AREA CODE AND PHONE NO.) USA 1-800-243-1842		MAILING (ADDRESS) 328 KENNEDY DRIVE – PUTNAM CT. 06260	
3. ADMINISTRATIVE ORGANIZATION OF LABORATORY IN HOUSE		4. NAME(s) AND TITLE(S) OF LABORATORY TESTING OFFICAL(S) Ryan Atwood – Lab Supervisor ---- Cezary Spath – PLANT MGR Marvin Wilbur – Lab Asst.	
5. NUMBER AND CLASSIFICATION OF PERSONNEL INVOLVED IN TESTING			
a. Professional		b. NON-PROFESSIONAL – 2	
Chemist		Technicians	
Engineers		Other (please specify)	
Biologists			
Other (please specify)			
6. BASIC NATURE OF BUSINESS:			
MANUFACTURE OF MELAMINE BUTTON AND BUCKLE PRODUCTS			
PROCESS			
SELL			
TEST			
RESEARCH			
7. TYPES OF ITEMS TESTED BY YOUR LABORATORY BUTTONS			
8. NATURE OF TESTING CAPABILITIES		•	9. TYPE OF LABORATORY
a. Chemical			a. Company Laboratory
b. Physical	X		b. Independent Laboratory
c. Biological			c. Academic or Non-Commercial Laboratory
d. Colorfastness	X		d. Sales Service Laboratory
e. Electrical			e. Other (please specify)
f. BUTTON WEB STRENGTH	X		
10. DO YOU MAINTAIN AN AREA FOR TESTING UNDER CONTROLLED STANDARD ATMOSPHERIC CONDITIONS?			
o YES X NO			
a. If yes, name or describe the following components the system:			
1) Humidifier NA			
2) Heater NA			
3) Air Cooler NA			
4) Temperature Regulator NA			

5) Humidity Regulator
NA

6) Other

b. Name or describe devices used to measure and record temperature and relative humidity:
NA

c. What temperature and relative humidity is maintained (give upper and lower limits)?
NA

d. What are the approximate dimensions of the conditioned area?
NA

11. DOES THE ABOVE SYSTEM MAINTAIN THE SPECIFIC ATMOSPHERIC CONDITIONS CONSISTENTLY AND UNIFORMLY THROUGHOUT THE AREA? IF YES, DESCRIBE HOW THIS WAS DETERMINED:
NA

12. LIST YOUR IMPORTANT TESTING DEVICES AS FOLLOWS (INCLUDE BASIC CHEMICAL EQUIPMENT)

<u>NAME & MODEL OF TESTING DEVICE</u>	<u>PURPOSE OR FUNCTION</u>	<u>APPOX AGE</u>	<u>CALIBRATION INTERVAL(yr, monthly)</u>	<u>DATE OF LATEST CALIBRATION</u>
1. 1100 WATT HOT PLATE	ABT / CHLK RSTNCE	5	N/A	N/A
2. DILLION MODEL L	COMPRESSION STRENGTH	15	QUARTERLY	Feb 2016
3. BESTOOL KANON	THICKNESS MEASUREMENT	8	Annual	Scheduled 4/2016
4. BESTOOL KANON	DIAMETER MEASUREMENT	8	QUARTERLY	Scheduled 4/2016
5. IMADA MF	WEB PULL TESTER	5	QUARTERLY	Feb 2016

13. RESPONSIBILITY FOR SAMPLING	•
a. Laboratory Personnel:	<input checked="" type="checkbox"/>
b. Factory:	
c. Quality Control Personnel	<input checked="" type="checkbox"/>
d. Customize personnel	<input checked="" type="checkbox"/>
e. Other (please specify)	

14. WHAT LABORATORIES, IF ANY, PERFORM TESTIN FOR YOU? INDICATE LABORATORY(S), TEST (s), AND REASON (s)?

15. WILL YOU PERMIT INSPECTION OF YOUR LABORATORY ON TWO (2) DAYS NOTICE?
 YES NO

16. OTHER RELEVANT INFORMATION

PLEASE RETAIN THE ENCLOSED DSCP QUALITY SYSTEMS REQUIREMENTS FOR REFERENCE ON TESTING POLICIES, PROCEDURES, REQUIREMENTS AND FORMS

* I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

BURT ELLIOTT CHIEF OPERATIONS OFFICER
TYPED NAME, SIGNATURE AND TITLE

3/17/2016
DATE

* FALSE CERTIFICATIONS ARE COVERED BY A STATUTORY PROVISION REGARDING FALSE NOT MORE THAN \$10,000 OR IMPRISONMENT OF NOT MORE THAN FIVE (5) YEARS, OR BOTH.