Updated 6/2020

**KSU Submission Form for Clothing Manikin Tests**

Please email this form in Word format to [merediths@ksu.edu](mailto:merediths@ksu.edu) each time you send a set of garments for testing.

**1. Company information.** We will email the report and invoice to the contact listed below.

|  |  |
| --- | --- |
| Company name and address: | Contact name:  Email:  Phone: |

If another company is paying for the test and/or you want the invoice sent to another person, please indicate it here.

**2. Purchase order number for testing:**  List it here or send a PO document (optional).

**Dry manikin test to measure the insulation value for clothing @ $600 = $**

**Sweating manikin test to measure the evaporative resistance of clothing @ $882 = $**

**3. Select a test type:**

\_\_\_\_\_A. ASTM F 1291 for measuring the insulation value of a clothing system ($600)

*Note: We have a different submission form for cold weather clothing.*

\_\_\_\_\_Using Stan, our adult manikin

\_\_\_\_\_Using Sonny, our child manikin (boy’s size 8)

\_\_\_\_\_B. ASTM F 2370 for measuring the evaporative resistance of a clothing system ($882)

(Available on adult Stan only)

**Zone Data.** Do you want us to provide total local insulation and/or evaporative resistance values for a group of body zones in addition to the values for the whole body? \_\_\_\_\_yes \_\_\_\_\_no

Which body parts (e.g., torso covered by a vest)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Garment letter or number codes:** Give the codes and descriptions for the garments for the report here or send the information as a separate attachment. Indicate which garments are in the base ensemble and which garments are the experimental ones for the tests. If a clothing system has a hood, hat, or helmet, we will have to cut it to get it around the hook in the manikin’s head. In addition, please provide the necessary dressing instructions. For example, which shirt tails get tucked into which layer of pants?

***--continued--***

**5. Return shipping information:** We will use the address above unless you give us other instructions. Please indicate if you want us to use overnight shipping.

|  |  |
| --- | --- |
| \_\_\_\_\_UPS Account #:  \_\_\_\_\_Federal Express Account #:  \_\_\_\_\_DHL Account: #  \_\_\_\_\_Donate to a charitable organization | Shipping address if different from above: |

**6. Export Controls Compliance**

(a) Is the company or the individual named above contracting, working, or acting for or on behalf of a national government? Yes \_\_\_\_\_ No \_\_\_\_\_

(b) If you answered ‘Yes’ to 6 (a), briefly describe the nature of the relationship with the national government \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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