Updated 4/2024

**KSU Submission Form for Footwear or Headwear**

Please email this form in Word format to merediths@ksu.edu each time you send a set of products 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:** There is no standard for testing evaporative resistance of footwear or headwear. For evaporative resistance measurements we will follow the basic procedures used in the whole-body manikin standards.

[ ]  A. ASTM F 3426 for measuring the insulation value of clothing items ($600)

[ ]  B. ASTM F 2370 for measuring the evaporative resistance of a clothing system ($812)

**Zone Data.** Do you want us to provide insulation and/or evaporative resistance values for each zone in addition to the values for the whole foot or head? [ ]  yes [ ]  no

**Thermal imaging.** Do you want us to provide thermal images of the clothing item(s) on the manikin? ($39 per test) [ ]  yes [ ]  no

**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 if other garments are to be worn with the footwear (socks) or headwear. **The foot requires a size 10.5 shoe and 11 boot for the left foot.** Sometimes tall boots with no fasteners will have to be cut to get them on the foot. Request a CAD drawing of the head from the Testing Coordinator for the sizing of helmets.

 **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 #:[ ]  Do not return | 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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