



HARDLINES INSPECTION Request Form

Client Information

Date: _____

Client: _____ Contact: _____
Address: _____ Phone: _____ Fax: _____
City: _____ Email: _____
State: _____ Zip: _____ Country: _____

Vendor Information

Vendor: _____ Contact: _____
Address: _____ Phone: _____ Fax: _____
City: _____ Email: _____
State: _____ Zip: _____ Country: _____

Factory Information

Vendor: _____ Contact: _____
Address: _____ Phone: _____ Fax: _____
City: _____ Email: _____
State: _____ Zip: _____ Country: _____

Inspection Services & Requirements

UL is authorized to conduct the following inspection:

- ☐ Pre Production ☐ In Process Quality Control ☐ Loading ☐ Final
☐ Reinspection (Previous Report Number): _____

ANSI/ASQ Z1.4-2008, General Level II: AQL (*Acceptance Quality Limit*): Critical: _____ Major: _____ Minor: _____

Production Start Date: _____ Scheduled Ship Date: _____ Order Shipment Quantity: _____

Sample Information

Item Description: _____	Item Description: _____
PO Number: _____	PO Number: _____
Model/SKU: _____ Quantity: _____	Model/SKU: _____ Quantity: _____
Model/SKU: _____ Quantity: _____	Model/SKU: _____ Quantity: _____
Model/SKU: _____ Quantity: _____	Model/SKU: _____ Quantity: _____
Model/SKU: _____ Quantity: _____	Model/SKU: _____ Quantity: _____

Sample Information - Additional

Item Description: _____	Item Description: _____
PO Number: _____	PO Number: _____
Model/SKU: _____ Quantity: _____	Model/SKU: _____ Quantity: _____
Model/SKU: _____ Quantity: _____	Model/SKU: _____ Quantity: _____
Model/SKU: _____ Quantity: _____	Model/SKU: _____ Quantity: _____
Model/SKU: _____ Quantity: _____	Model/SKU: _____ Quantity: _____



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Sample Information - Additional

Control Samples Provided by Client: ☐ Yes ☐ No If No, when will samples be sent? _____

Use Factory Approved Samples: ☐ Yes ☐ No

Inspection Instructions Provided by Client: ☐ Yes ☐ No Attached: ☐ Yes ☐ No

Measurement Specifications Provided by Client: ☐ Yes ☐ No Attached: ☐ Yes ☐ No

Packaging Requirements Provided by Client: ☐ Yes ☐ No Attached: ☐ Yes ☐ No

Tag or Label Requirements Provided by Client: ☐ Yes ☐ No Attached: ☐ Yes ☐ No

Carton Markings Provided by Client: ☐ Yes ☐ No Attached: ☐ Yes ☐ No

Copy of Draft Report Must be Left at Factory: ☐ Yes ☐ No

Defect Samples Must be Forwarded to Client: ☐ Yes ☐ No

Take Defect Samples and Hold for Instructions?: ☐ Yes ☐ No

Special Instructions:

Send Final Reports To: ☐ Client ☐ Vendor ☐ Factory

Authorized Signature

Under this program, invoices should be sent to, and will be paid by the ☐ Client ☐ Vendor ☐ Factory

Signature: _____ Title: _____ Date: _____

Print Name: _____ Company: _____

The above signature, by an authorized company representative, confirms that the company is responsible for all payments to UL for services described herein. This signature also acknowledges that the UL Standard Terms and Conditions apply to these services unless they are covered under a separate agreement. UL Standard Terms and Conditions can be located on our web site: ul.com/VS-terms