

PROTOCOL MAINTENANCE REQUEST FORM

distributing confidence, worldwide.

This form is to be submitted when proposing a technical revision, reaffirmation or withdrawal of an existing ISTA Test Procedure or Project. Supporting documentation can be submitted with this form. The submission will be handled according to the ISTA Technical Division Operating Guide.

This form only relates to technical changes to existing procedures or projects. For new test project proposals use the New Test Protocol Request Form).

IMPORTANT NOTE: Submissions without adequate information and justification risk rejection or referral back to the originator.

| Modification of: | Version Date: | Revision Date: |
|--------------------------------------|----------------------|----------------------|
| Submitted by: | Submittal Date: | |
| Company: | E-Mail: | |
| ShipperShipper LabCarrierCarrier Lab | SupplierSupplier Lab | Independent Test Lab |
| ISTA Member ID: | | |

How would you characterize your proposed modification? Please check only one item.

- __ Critical and needs immediate consideration
- ___ Docket for next Testing Council meeting
- Consider for next revision

FOR TECHNICAL CHANGES

General Description of Suggested Change:

Compression test - apply-and-release formula. The actual formula is $\{[Wt x (S - 1) + (Wt / L) x (L - 1)] x F - [(Wt / L) x (L - 1)]\} x 1,4$. The suggeste formula is $\{[Wt x (S - 1) + (Wt / L) x (L - 1)] x F x 1,4\}$ - [(Wt / L) x (L - 1)].

Basis for Suggestion (Issue with Present Content of Protocol, Better Simulation, etc.):

| Present Wording | g and/or | Graphics | (if | applicable): |
|------------------------|----------|----------|----------|--------------|
| | | | \ | |

Proposed Wording and/or Graphics (if applicable):

SUBMIT TO ISTA, Attention Technical Division: 1400 Abbot Road, Suite 160 East Lansing, MI 48823-1900 Ph. 1 517.333.3437 Fax 1 517.333.3813 www.ista.org mailto:ista@ista.org



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