



ANSI Z87.1-2015 and CSA Z94.3-15 Spectacles / Goggles

Company Name: _____
 Contacts First Name: _____
 Contacts Last Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Country: _____
 Contact e-mail: _____
 Contact Phone: _____

Spectacles Goggle

Model Name: _____

Base Model: 15 Samples Needed

Description: _____

"+" W U L R D3 D4 D5

Variants: 15 Samples Needed

1st Description: _____

"+" W U L R D3 D4 D5

2nd Description: _____

"+" W U L R D3 D4 D5

3rd Description: _____

"+" W U L R D3 D4 D5

4th Description: _____

"+" W U L R D3 D4 D5

5th Description: _____

"+" W U L R D3 D4 D5

6th Description: _____

"+" W U L R D3 D4 D5

7th Description: _____

"+" W U L R D3 D4 D5

8th Description: _____

"+" W U L R D3 D4 D5

Markings and Instructions:

Assess Do not assess

Sample Disposition:

Return all samples Return failures only Destroy Samples

Special Instructions:

