

Appendix 12 Form for user test

This appendix must be filled in by the professional user.

The declaration relates to the following product / product system:

Product name
Product system
Manufacturer

Dosing during the test (grams / litre of working solution):

Recommended dosing as stated on the label / packaging (grams / litre of working solution) for:

May – September: _____

October – April: _____

Is the product / product system used in combination with other chemical products? ☐ Yes ☐ No

If yes, what are they? _____

No. of occasions on which the product has been tested (min 10): _____ times.

Type of wash installation: _____

Item washed: _____

Overall assessment of the product / product system:

☐ Not effective

☐ Adequately effective

☐ Very effective

Place and date	Company name / stamp
Person responsible	Signature of responsible individual
Phone	E-mail