

CHEMI LAB EVALUATION FORM

Date: _____

- **Reason**

☐ Complain ☐ Comparison ☐ Matching ☐ Analysis
Fastness: ☐ Washing ☐ Crocking ☐ Perspiration ☐ Water Fastness
 ☐ Alkali Stability ☐ Telling ☐ Cold Bleed Test

- **Fabric Quality**

☐ Hosiery ☐ Towel ☐ Woven

- **Process**

Dyeing: ☐ Cold Exhaust ☐ Warm Exhaust ☐ Hot Exhaust
Continuous: ☐ Pad Dry Cure ☐ Pad Batch ☐ Pad Dry Chemical Pad Steam
Printing: ☐ Reactive ☐ Pigment ☐ Disperse

- **Dyestuff Combination**

Customer Provided Fabric Enclosed

☐ Yes ☐ No

1. _____
2. _____
3. _____
4. _____
5. _____

- **Light Source**

☐ D65 ☐ TL84 ☐ CWF ☐ UL3000

- **Job Of** ☐ Metamerism

Sent By : _____

Customer Name : _____

Customer Buyer (Optional) : _____

Remarks : _____

To be filled by Lab Concerns.

Receiving Date : _____

Target Delivery Date : _____

Remarks : _____

Chemi Office

Customer's Name : _____

Dispatch Date : _____

Target Delivery Date : _____

Remarks : _____

Received