**TEST REPORT FOR NON-DIRECTIONAL INCANDESCENT LAMP**

**[COVER PAGE TO BE PRINTED ON TESTING LABORATORY’S COMPANY LETTERHEAD]**

**Test Report for Incandescent Lamp [Model Number]**

**[Test report reference number]**

**Section 1: Testing Laboratory**

| a) Date(s) of test (dd/mm/yy) |  |
| --- | --- |
| b) Name of testing laboratory |  |
| c) Location of testing laboratory  |  |

**Section 2: Product Specification(s)**

| 1. Brand (or Trade Mark)
 |  |
| --- | --- |
| 1. Model
 |  |
| 1. Lamp type
 |  |
| 1. Lamp cap
 |  |
| 1. Use of lamp
 |  |
| 1. Special purpose lamp (Yes/No),

if yes, please state purpose |  |
| 1. Directional lamp[[1]](#footnote-1) (Yes/No)
 |  |
| 1. Coloured lamp[[2]](#footnote-2) (Yes/No)
 |  |
| 1. Rated Voltage (V)
 |  |
| 1. Rated Frequency (Hz)
 |  |
| 1. Rated lamp wattage (W)
 |  |
| 1. Rated luminous flux (Im)
 |  |
| 1. Rated lamp life (h)
 |  |

**Section 3: Measurement of luminous flux**

| a) Test standard |  |
| --- | --- |
| b) Ambient temperature (ºC) |  |
| c) Test voltage  |  |
| d) Aging time (h)  |  |

|  |  |  |
| --- | --- | --- |
| Sample no.\* | Lamp wattage (W) | Luminous flux (lm) |
| 1 |  |  |
| 2 |  |  |
| . |  |  |
| . |  |  |
| . |  |  |
| 20 |  |  |
| Average |  |  |

\*At least 20 samples

**Section 4: Signatures**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of testing officer |  | Name of approving officer |  |
| Designation of testing officer |  | Designation of approving officer |  |
| Signature of testing officer |  | Signature of approving officer |  |
| Date |  | Date |  |

**Appendix – Photos**

* Color photos of lamp(s), marking label and packing box

1. Lamp having at least 80% light output within an angle corresponding to a cone of angle 120º [↑](#footnote-ref-1)
2. Lamps of chromaticity coordinates:

x < 0.270 or x > 0.530,

y < -2.3172 x2 + 2.3653x - 0.2199 or

y > -2.3172 x2 + 2.3653x - 0.1595 [↑](#footnote-ref-2)