Flex PLI Logbook for the IG GTR9-PH2 Round Robin Tests

Please return to: gehring@boehme-gehring.de or fax-no. +49 2204 962513

User Information
Company:
(Name, Location)

Contact person:
(Name,
E-mail-address,
Tel.-no.)

Impactor Information
Serial number:
(SN01, SN03, E-Leg)

Test period:
(Date from/to or calendar week)

Number of vehicle tests performed
(At least approximately)

Number of tests (if known) in which a result exceeds the threshold limit by more than 10%:
(Threshold limits: Tibia Bending Moments: 340 Nm, MCL: 22 mm, ACL and PCL: 13 mm.
+10% => 374 Nm, 24.2 mm, 14.3 mm)

Problems or any specific observations during this test series:
(Repairs, adjustments, failures, etc.)

Laboratory (company name, location) in which the impactor certification was performed before this vehicle test series (if known):

Laboratory (company name, location) in which the impactor certification will be performed after this vehicle test series (if known):

Other remarks: