Company Name:

Address of Production Facility: Phone Number:

Production Capacity	Number of Looms:	Output per Loom (meters per day):	Average Days of Operation per Week:

Fabric Style No./Product Code: ID Marker yarn(s):   ID Marker Location:

Formula By %:

Polypropylene Resin _____%   Calcium Carbonate _____%
UV Resin Compound _____%   Color Concentrate _____%
Other: _____   _____%

100% U.S. Origin:	100% Virgin Polymer:	Meets FDA Requirements:	Coating:
″ Yes ″ No	″ Yes ″ No	″ Yes ″ No	″ Yes ″ No

Lot ID Method for Traceability:

Warp and Fill Count: Twisted Yarns: If Yes, Frequency:

[   ] warp X [   ] fill   ″ Yes ″ No   Every [   ] warp X [   ] fill

Fabric Weight (oz. per sq. yd):	Denier (grams):	Color:	Sewing (threads per inch):
		″ Beige ″ White ″ Buff	

Air Permeability	Tested By:		Date:
Test Method: 3-30 cubic feet per minute per square foot per ASTM D 737			Results (cu. ft.):

Impact Performance Test	Tested By:		Date:
Test Method: 195 inches per second velocity change - shock duration of .002 seconds			Results (in. per sec.):

Slide Angle Test	Tested By:		Date:
Test Method: 30E without slippage per TAPPI T-503-OM-84			Results (degrees):

UV Resistance %	Tested By:		Date:
Test Method: 70% retention after 200 hours per 5804-Federal Standard 191			Results (percent):

Tensile Strength

    Test Method: ASTM D 5034 (Grab test)

    Results: Pre-weathering: _____ lbs. average warp   _____ lbs. average fill

                  Post-weathering: _____ lbs. average warp   _____ lbs. average fill

Authorized Bag Manufacturer Representative	
Date Issued:	Issued By *(Signature)*:
USDA-FSA Official	
Date Received:	Received By *(Signature)*: