



TEST SUMMARY

LITHIUM CELLS AND BATTERIES



Lithium cell or battery test summary in accordance with sub-section 38.3 of Manual of Tests and Criteria

Manufacturer (if applicable): _____
 Address: _____
 Phone number: _____
 Email: _____
 Website: _____

Test laboratory: _____
 Adresse: _____
 Phone number: _____
 Email: _____
 Website: _____

Test report identification number: _____
 Date of test report: _____

Lithium ion cell (battery) Lithium metal cell (battery)

Masse: _____ Wh _____ g lithium content

Description of cell/battery: _____

Product model number: _____

| Test | Cells | | Batteries | | Single cells | | Component cells | |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | pass | fail | pass | fail | pass | fail | pass | fail |
| T.1 Altitude simulation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| T.2 Thermal test | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| T.3 Vibration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| T.4 Shock | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| T.5 External short circuit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| T.6 Impact/Crush | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| T.7 Overcharge | | | <input type="checkbox"/> | | <input type="checkbox"/> | * | | |
| T.8 Forced discharge | <input type="checkbox"/> | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

* lithium ion only / with overcharge protection

** not transported separately from the battery, otherwise same test as cells

Met requirements for assembled battery testing? yes no
 (if applicable)

The requirements of the 7th revised edition "Manual of Tests and Criteria, Part III, Subsection 38.3" for each cell / battery have been met and the cells/batteries fully meet the requirements International Dangerous Goods Regulations ADR/RID/ADN/IMDG-Code/IATA-DGR!

Date: _____ Place: _____

 (Signature/title)