LITHIUM CELL TEST SUMMARY AND SUPPLIER INQUIRY

IN ACCORDANCE WITH SUB-SECTION 38.3 OF MANUAL OF TESTS AND CRITERIA

N/A = Not Applicable

| 1. Name/Desc | ription of cell | |
|---|--|---------------------|
| | | |
| | | |
| 2. Manufactur | er of cell | |
| Name | | |
| Address | | |
| Phone | | |
| Email | | |
| Website | | |
| 2a Manufactur | er of the equipment (if the cell is contained in | equipment |
| Name | of the equipment (if the cett is contained in | equipmenty |
| Address | | |
| Phone | | |
| Email | | |
| Website | | |
| - V C C C I C C C C C C C C C C C C C C C | | |
| 3. Test laborat | ory of cell | |
| Name | | |
| Address | | |
| Phone | | |
| Email | | |
| Website | | |
| | | |
| 4. ID-number | and date | |
| Unique test rep | ort identification number | Date of test report |
| DESCRIPTIO | N OF CELL | |
| 5. Mark the ty | pe of cell with an "•" | |
| Lithium | ion cell | Lithium metal cell |



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| Name/Description | of c | ell | (taken | from | field 1) |
|------------------|------|-----|--------|------|----------|
| | | | | | |

| 6. Parameters | Cell | | | |
|--|------|--|--|--|
| Mass in gram (g): | | | | |
| Lithium ion: Indicate watt-hour rating (Wh): | | | | |
| Lithium metal: Indicate lithium metal content in gram (g): | | | | |
| | | | | |
| 7. Physical description of cell | | | | |
| | | | | |
| | | | | |
| 8. Model numbers | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

TESTS AND RESULTS

| 9. List of tests conducted and results - Mark N/A, pass or fail with an " " | N/A | pass | fail |
|--|-----|------|------|
| T1 - Altitude simulation | | | |
| T2 - Thermal Test | | | |
| T3 - Vibration | | | |
| T4 - Shock | | | |
| T5 - External Short Circuit | | | |
| T6 - Impact - for cylindrical cells having a diameter of at least 18 mm | | | |
| T6 - Crush - for prismatic cells, pouch cells, button cells and cylindrical cells having a diameter of less than 18 mm | | | |
| T7 - Overcharge | | | |
| T8 - Forced Discharge | | | |
| | | | |
| | | | |

10. Reference to the revised edition of the Manual of Tests and Criteria used and to amendments thereto



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| Name/Description of cell (taken from field 1) | |
|---|--|
| | |

ADDITIONAL SUPPLIER INQUIRY

| 11. Quality management system for manufacturing cells Does the manufacturer of the cell/battery manufacture the products based on a documented quality management system according to transport regulations? | YI | ES NO | | |
|---|--------------|-----------|-------|--|
| | | | | |
| 12. Are the following parameters exceeded? Lithium ion cell: more than 20 Wh Lithium metal cell: more than 1 g Lithium | | YI | ES NO | |
| Check point 13 – 15 need to be answered when 12 has been ticked "YES": | | | | |
| Check point is - is need to be answered when iz has been dicked. TES. | | | | |
| 13. Does each cell incorporates a safety venting device or is designed to preclude a violent rupture under normal conditions of carriage? | YI | ES NO | | |
| 14. Is each cell equipped with an effective means of preventing external short circuits? | YI | ES NO | | |
| 15. Is each battery containing cells or series of cells connected in parallel equipped with effective means as necessary to prevent dangerous reverse current flow (e.g. diodes, fuses, etc.) Not relevant for cells | | | | |
| | | | | |
| 16. Only in air transport: State of Charge (SoC) for UN 3480 Lithium ion cells and | lithium polį | ymer cell | s | |
| State of Charge (SoC) max. 30 % | N/A | YI | ES NC | |

CELLS INSTALLED IN EQUIPMENT

| 17. Check point 17 needs to be answered when the cells are installed in articles: | | | | | | |
|--|--|--|-----|-----|----|--|
| 17.a) Only button cells enclosed? | | | | YES | NO | |
| 17.b) Number of enclosed cells (other than button cells) per equipment | | | | | | |
| When the equipment is intentionally active/switched on during transport e.g. data loggers: | | | | | | |
| 17.c) Confirmation that no dangerous amount of heat is emitted from the equipment N/A YES | | | | NO | | |
| 17.d) Confirmation that the equipment when transported by air fulfills the defined air transport standards for electromagnetic radiation according to DO-160 | | | YES | NO | | |

| 18. Place, Date | 19. Title, Surname, First name | 20. Company stamp and signature |
|-----------------|--------------------------------|---------------------------------|
| | | (mp monatine) |

