

CUSTOMER REQUEST FORM FOR A NEW BEVERAGE TEST (BEVFORM)

Division		
to be filled in by AMP (Sales, Customer Care, CTS)		
<input type="checkbox"/> Trading Germany (Central Europe & Retail)	<input type="checkbox"/> Trading Netherlands (Benelux)	<input type="checkbox"/> Trading UK (UK & Ireland)
<input type="checkbox"/> Trading France (South-Western Europe, Middle East & Africa)	<input type="checkbox"/> Trading Poland (North-Eastern Europe)	<input type="checkbox"/> Ardagh Devision (Brazil & United States)
Date		
Requested by (contact person within Ardagh)	Jade Williams	
Customer contact person	Sam Morris	
Copy of warranty certificate send to	sam@oasthouseengineering.co.uk	

Details Customer	
Brand owner *	
Filling location	

Details Beverage		
Beverage/Brand name *		
Formulation code *		
Beverage category *	Beer/non-alcoholic Beer	<input type="checkbox"/>
	Beer-Mix/Strong Beer	<input type="checkbox"/> specify:
	Lemonade/Cola/Diet Drink	<input type="checkbox"/>
	Ice Tea/Tea products	<input type="checkbox"/>
	Isotonic	<input type="checkbox"/>
	Energy	<input type="checkbox"/>
	Juice/Nectar	<input type="checkbox"/>
	Fermented products (e.g. Kombucha, Kefir etc.)	<input type="checkbox"/> specify:
	Alcoholic Mix	<input type="checkbox"/> - (ABV V%)
	Hard Seltzer incl. alcohol base	<input type="checkbox"/> - (ABV V%)
	Pure Water/Water & Flavor	<input type="checkbox"/> specify:
	Cider	<input type="checkbox"/>
	Wine/Wine Based/Wine Mix	<input type="checkbox"/> specify:
	Dairy/Coffee/Coffee & Milk	<input type="checkbox"/> specify:
	Supplements (CBD, Vitamins etc.)	<input type="checkbox"/> specify:

Processing			
	Yes	No	Amount
CO ₂ *	<input type="checkbox"/>	<input type="checkbox"/>	
LN ₂ *	<input type="checkbox"/>	<input type="checkbox"/>	
Tunnel pasteurization **	<input type="checkbox"/>	<input type="checkbox"/>	
Sterilization **	<input type="checkbox"/>	<input type="checkbox"/>	
Flash pasteurization	<input type="checkbox"/>	<input type="checkbox"/>	
	Temperature [°C] *		
	Time [minutes] *		

* mandatory data ** In-Can heat treatment



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Acid and pH of ready product

Total acid as citric acid *	mg/l	pH *	
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Special Compounds of ready product

	Amount [mg/l]	No information available
Free SO ₂ *		
Total SO ₂ *		
Chloride (Product mix-water) *		<input type="checkbox"/>
Chloride (Beverage formulation) *		<input type="checkbox"/>
Copper *		<input type="checkbox"/>

Individual Acids

	Yes	No	Amount [mg/l]
Citric acid	<input type="checkbox"/>	<input type="checkbox"/>	
Phosphoric acid	<input type="checkbox"/>	<input type="checkbox"/>	
Tartaric acid	<input type="checkbox"/>	<input type="checkbox"/>	
Lactic acid	<input type="checkbox"/>	<input type="checkbox"/>	
Malic acid	<input type="checkbox"/>	<input type="checkbox"/>	
Acetic acid	<input type="checkbox"/>	<input type="checkbox"/>	
Oxalic acid	<input type="checkbox"/>	<input type="checkbox"/>	

Additives

	Yes	No	Amount [mg/l]
Natural sweeteners other than Sugar	<input type="checkbox"/>	<input type="checkbox"/>	
Artificial preservative	<input type="checkbox"/>	<input type="checkbox"/>	if yes, which
Artificial colours	<input type="checkbox"/>	<input type="checkbox"/>	if yes, which
Artificial sweeteners	<input type="checkbox"/>	<input type="checkbox"/>	if yes, which

Catalogue of ingredients/declaration

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Remarks/Special Requirements

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Shipment address

Ardagh Metal Packaging Holdings Germany GmbH
 Laboratory - Samples for BCT
 Friedrich-Wöhler-Straße 51
 53117 Bonn
 Germany

Please add a copy of this form to sample delivery!

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CUSTOMER DISCLAIMER

The Customer understands that the mandatory data are the basis for the evaluation of the beverage's corrosivity and may not be checked.

The Customer will indemnify, defend and hold harmless AMP from and against all liabilities, costs, damages, claims, and expenses incurred by AMP in relation to any claim, including claims raised by third parties against AMP, that might arise as a result of incorrect mandatory data.

The Customer herewith confirms the accurateness of all data supplied.

Customer

Name: _____

Position: _____

Date: _____

Signature: _____