

Hardline Laboratory

Suzhou LYIap Optical Technology Co., Ltd

NO. 66-26 Linggang Road, Luzhi Town, Wuzhong District, Suzhou, Jiangsu

The following merchandise was submitted and identified by the applicant as: Medical isolation eye mask Product Description: Style/Item No.: LYS001 SGS Reference No.: SHHL2004509751MD

We have tested the submitted sample(s) as requested and the following results were obtained: ANSI/ISEA Z87.1-2015 American National Standard for Occupational and Test Requested: Educational Personal Eye and Face Protection Devices

Optional Requirements: 8.1 Droplet and Splash Hazard

Test Method & Result: --- See following sheet(s) ---

Date of Receipt: APR. 06, 2020

Testing Period:

APR. 06 ~ 20, 2020

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Testing site:

Signed for and on behalf of SGS Taiwan Ltd. **Owen Cheng** Manager

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APR. 20, 2020

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Date :

61, Kai-Fa Road, Nanzih Export Processing Zone, 81170, Kaohsiung, Taiwan

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Test Method & Result

ANSI/ISEA Z87.1-2015 American National Standard for Occupational and Educational Personal Eye and Face Protection Devices

Section

5. General Requirements

5.1 Optical Requirements

5.1.1 Optical Quality

5.1.2 Luminous Transmittance

Finding

Laws Trees	Luminous Transmittance	Test Va	8		
Lens Type	Requirement	Left Ocular	Right Ocular		
Clear Lenses	85% min.	93.78	94.32		

Finding

Tran	Transmittance requirements for Ultraviolet Filter Lenses		Test Value (%)	
Scale	Transmittance Requirements (%)		Left Ocular	Right Ocular
U6	Maximum Effective Far-Ultra-Violet Average Transmittance %	0.01	0.006	0.004
00	Maximum Near Ultra-Violet Average Transmittance %	0.1	0.091	0.094

5.1.3 Haze

Finding

I T		Test Value (%)			
Lens Type	Haze Requirement	Left Ocular	Right Ocular		
Clear Lenses	3% max. – Clear Lenses Only	0.1	0.1		

5.1.4 Refractive Power, Astigmatism, Resolving Power, Prism and Prism Imbalance for Plano Pass Protectors

Finding

Test/Drenestry	D a guine mant	Test Value	
Test/Property	Requirement	Left Ocular	Right Ocular
Refractive Power	$\pm 0.06 \text{ D}$	0.00	0.00
Astigmatism	\leq 0.06 D	0.00	0.00
Resolving Power	Pattern 20 min.	Pattern 20	Pattern 20
Prism	\leq 0.25 Δ	$< 0.25 \Delta$	$<$ 0.25 Δ
Vertical Prism Imbalance	\leq 0.125 Δ	0.0	0 Δ
Horizontal Prism Imbalance	$ \leq 0.125 \Delta \text{ (Base In)} \\ \leq 0.50 \Delta \text{ (Base Out)} $	0.05 Δ (Base In)	

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Pass

<u>Result</u>

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<u>Pass</u> Pass



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TEST REPORT

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<u>Test Result</u>		
Section		Result
5.1.5 Refractive Power, Astigmatism, Prism and Prism Imbalanc	e for Prescription Protectors and	N/A
Magnifiers	I I I I I I I I I I I I I I I I I I I	<u> </u>
in uginiters		
5.2 Physical Requirements		Pass
5.2 Thysical Requirements		<u>1 ass</u>
5.2.1 Drop Ball Impact Resistance		<u>N/A</u>
Note: Protectors first tested to and meeting the requirements of S	Section 6.2 are exempt from drop	
ball impact testing.		
5.2.2 Ignition		Pass
5.2.3 Corrosion Resistance of Metal Components		N/A
5.2.4 Minimum Coverage Area		Pass
5.2.4 Willindin Coverage Alea		<u>1 ass</u>
5.2 Markings		Can
5.3 Markings		<u>See</u>
		<u>Finding</u>
Protector markings shall be placed in relatable proximity to each o	other on the product in the	
sequence specified below:		
-Manufacturer's marks or logos		
-Designation of standard (Z87 or Z87-2, for prescription devices)		
-Individual claims of compliance		
-Impact-rated marking (+)		
r ···· 0 · · · · · · · · · · · · · · · ·		

-Lens type

-Use applications

Finding

Manufacturer's marks or logo	Standard	Impa	ct Mark	Lens Type	Use
Lens: Absent Frame: Absent	Absent	Lens: Frame:	Absent Absent	No Claim	No Claim

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Test Result				
Section				<u>Result</u>
5.4 Other Requirements				<u>N/A</u>
5.5 Replaceable Lenses				<u>N/A</u>
5.6 Aftermarket Components and Accessories				<u>N/A</u>
6. Impact-Rated Protector Requirements				<u>N/A</u>
6.1 General				<u>- (/ / 1</u>
6.1.1 Protectors Marked for Impact Protection				See
				<u>Note*</u>
<u>Note*:</u> The sample meets impact protection (+) claimed by applicant.				
6.1.2 Frames and Shells				Daga
0.1.2 Frames and Shells				Pass
6.1.3 Lateral (Side) Coverage				Pass
6.2 Impact Requirements				
6.2.1 Protector Acceptance Criteria				

6.2.2 High Mass Impact

Finding

Determined	Remark
4 out of 4 Passed	The complete devices met the protector acceptance criteria listed in Section 6.2.1 after testing.

6.2.3 High Velocity Impact

Finding

Determined	Remark
6 out of 6 Passed	The complete devices met the protector acceptance criteria listed in Section 6.2.1 after testing.

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Pass

Pass



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Test Result

Section 6.2.4 Penetration Test (lenses only)

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Fi	nding		
	Determined	Remark	
	4 out of 4 Passed	The complete devices met the protector acceptance criteria listed in Section 6.2.1 after testing.	
6.2	2.5 Prescription Len	s Material Qualification	<u>N/A</u>
6.2	2.6 Prescription Len	s Mounting Qualification	<u>N/A</u>
6.2	2.7 Devices with Lif	t Fronts	<u>N/A</u>

- 7. Optical Radiation Protector Requirements
- 7.2 Protectors providing Filtration of Optical Radiation
- 7.2.1 Filter Lenses
- 7.2.1.1 Transmission Requirements

Finding

Tran	Transmittance requirements for Ultraviolet Filter Lenses			Test Value (%)	
Scale	Transmittance Requirements (%)		Left Ocular	Right Ocular	
U6	Maximum Effective Far-Ultra-Violet Average Transmittance %	0.01	0.006	0.004	
00	Maximum Near Ultra-Violet Average Transmittance %	0.1	0.091	0.094	

- 8. Droplet and Splash, Dust, and Fine Dust Protection Requirements
- 8.1 Droplet and Splash Hazard

Pass

Result

Pass

N/A

- 1. The samples are complete devices claimed by applicant. **Remark:**
 - 2. Samples were provided by applicant and samples were randomly selected to be assessed. 3. N/A = Not Applicable
 - 4. Only applicable sections were shown.
 - 5. The content of this report is invalid if it is not presented as the entire report.
 - 6. The statement of conformity is based on the test results, but does not include the measurement
 - uncertainty.

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- Picture(s) -

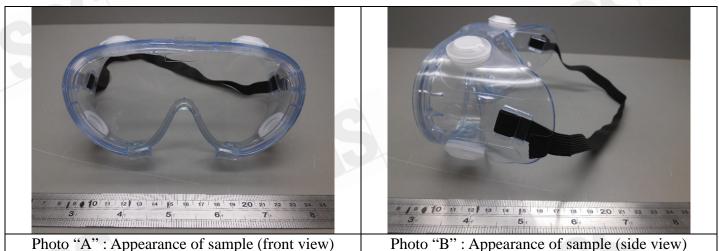


Photo "A" : Appearance of sample (front view)

--- End of Report ---

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