


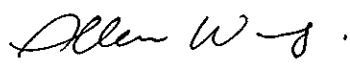


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|--|---|
| <p align="center">TEST REPORT IEC 60898-1 Circuit-breakers for over current protection for household and similar installations Part 1 - Circuit-breakers for a.c. operation</p> | |
| Report Number | 150501473SHA-001 |
| Date of issue | 2015-07-17 |
| Total number of pages | 86 |
| Applicant's name | Zhejiang Tengen Electrics Co., Ltd. |
| Address | Tengen Industry Zone, Liushi, Yueqing, Zhejiang, P.R. China |
| Test specification: Standard | |
| IEC 60898-1:2015 | |
| Test procedure | |
| CB scheme | |
| Non-standard test method | |
| N/A | |
| Test Report Form No | TTRF_IEC60898_1A |
| Test Report Form(s) Originator | Intertek |
| Master TRF | Dated 2015-05 |
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| Test item description | Circuit-breakers with overcurrent protection |
| Trade Mark |   |
| Manufacturer | Same as applicant |
| Model/Type reference | CUM |
| Ratings | U _e = 240/415V~ I _n = 6, 10, 16, 20, 25, 32, 40, 50, 63A |

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| Testing procedure and testing location: | |
| <input checked="" type="checkbox"/> CB Testing Laboratory: | Intertek Testing Services Shanghai |
| Testing location/ address.....: | Building No.86, 1198 Qinzhou Road (North), Shanghai 200233, China |
| <input checked="" type="checkbox"/> Associated CB Testing Laboratory: | Inspection Center of Products' Quality of Low Voltage Electric Apparatus in Zhejiang Province |
| Testing location/ address.....: | No. 400 Guangqiong Rd., Jiaxing, Zhejiang, China |
| Tested by (name + signature).....: | Quiet Lin  |
| Approved by (name + signature).....: | Allen Wang  |
| <input type="checkbox"/> Testing procedure: TMP/CTF Stage 1: | |
| Testing location/ address.....: | |
| Tested by (name + signature).....: | |
| Approved by (name + signature).....: | |
| <input type="checkbox"/> Testing procedure: WMT/CTF Stage 2: | |
| Testing location/ address.....: | |
| Tested by (name + signature).....: | |
| Witnessed by (name + signature).....: | |
| Approved by (name + signature).....: | |
| <input type="checkbox"/> Testing procedure: SMT/CTF Stage 3 or 4: | |
| Testing location/ address.....: | |
| Tested by (name + signature).....: | |
| Witnessed by (name + signature).....: | |
| Approved by (name + signature).....: | |
| Supervised by (name + signature).....: | |