



**SUBMITTAL FORM: Upholstery Abrasion Testing – Wyzenbeek**

DATE: \_\_\_\_\_

Select either 1, 2, 3 or 4 below. After this selection is made choose the abradant that best fits the type of upholstery material submitted for testing. Also tell us how many double rubs we should perform.

(1) [ ] A.C.T. GUIDELINES, 2005 (Association for Contract Textiles)  <i>Test Method: ASTM D 4157</i>	(2) [ ] ASTM D 3597 – 02 Upholstery Performance Specification  <i>Test Method: ASTM D 4157</i>	(3) [ ] TCCFA Fabric Performance Standards (The Casual Furniture Fabric Assoc.)  <i>Test Method: ASTM D 4157</i>	(4) [ ] ASTM D 4157 – 02 Standard Test Method
Abradant: [ ] #10 cotton duck <i>Material other than 100% olefin</i> [ ] Wire (steel) screen <i>100% olefin material</i> [ ] Wire (steel) screen <i>Coated fabrics</i>	Abradant: [ ] Wire (steel) screen <i>All materials</i>	Abradant: [ ] #10 cotton duck <i>Woven acrylic &amp; woven prints</i> [ ] Steel (wire) screen <i>Olefin</i>	Abradant: [ ] #10 cotton duck <i>General or Heavy Duty materials</i> [ ] Steel (wire) screen <i>Olefin * materials</i>
Number of double rubs requested: [ ] 15,000 double rubs, <i>General</i> [ ] 30,000 double rubs, <i>Heavy Duty</i> [ ] Other: _____ double rubs	Number of double rubs requested: [ ] 3,000 double rubs <i>Light Duty</i> [ ] 9,000 double rubs <i>Medium Duty</i> [ ] 15,000 double rubs <i>Heavy Duty</i> [ ] Other: _____ double rubs	Number of double rubs requested: [ ] 9,000 double rubs <i>Olefin</i> [ ] 15,000 double rubs <i>Woven prints</i> [ ] Other: _____ double rubs	Number of double rubs requested: [ ] 3,000 double rubs [ ] 9,000 double rubs [ ] 15,000 double rubs [ ] 30,000 double rubs [ ] Other: _____ double rubs

\* ASTM D 4157 does not state percentage; therefore, it is assumed that "olefin" refers to 100% olefin.

**IS THIS TESTING PART OF A CLAIM ON BEHALF OF A PLAINTIFF OR DEFENDANT: [ ] YES; [ ] NO**



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DATE: \_\_\_\_\_

COMPLETE DESCRIPTION OF SAMPLE (as it should appear on the test report, i.e. style, lot, pattern, etc.): \*

\_\_\_\_\_  
\_\_\_\_\_

\* The more information you provide, the more value the test report will have to you and your clients in the future.

**Note: Please be sure to clearly mark the face of the material and the warp direction.**

	(1)	(2)	(3)
	COMPANY SUBMITTING SAMPLE	COMPANY TO APPEAR ON REPORT	COMPANY BILLING ADDRESS
Person's Name:			
Company Name:			
Address:			
Telephone #:			
Fax #:			
e-mail:			

Note: Unless otherwise directed by the submitter, test reports will be sent to the company shown in column (1).

**SPECIAL INSTRUCTIONS** (if any): \_\_\_\_\_

**SEND SAMPLES TO:** THE GOVMARK ORGANIZATION, INC.  
96 ALLEN BOULEVARD, SUITE D  
FARMINGDALE, NY 11735-5626 U.S.A.  
Federal EIN # 11 2237670

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Fax +1 631-293-8956  
e-mail: info@govmark.com