



**SUBMITTAL FORM: Mattress Flammability Testing**

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

**TEST(S) REQUESTED:**

CFR Title 16 Part 1633 (open flame):

Required compliance date: July 1, 2007.

- Qualified Prototype (3 mattress sets)**
- Confirming Prototype (1 mattress set)
- Production Quality Assurance (1 mattress set)
- Experimental
- Subordinate Prototype (1 mattress set)
  - Ticking Substitution
  - Other Component Substitution

Explain: \_\_\_\_\_

- Manufacturer Specification Change

Explain: \_\_\_\_\_

CFR Title 16 Part 1632 (cigarette ignition):

- Prototype (1 mattress)**
- Production Quality Assurance (2 surfaces)
- Experimental

ASTM E 1590

- Prototype ( 1 mattress)
- Production Quality Assurance (1 mattress)

**The tests in bold type are the required minimum tests.**

**Notes:**

1. CFR 16 Part 1632: If the top surface and bottom surface are not exactly the same, submit 2 mattresses.
2. CFR Title 16 Part 1633: Mattresses with a foundation and mattresses without a foundation are both described as "mattress sets." The sale of mattresses tested without foundations might be limited to that configuration.
3. CFR Title 16 Part 1333 permits testing of twin-size sets, even if sales sizes are larger. If sales sizes are smaller than a twin-size (such as a crib mattress), the largest size of the product must be tested.

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



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## PRODUCT IDENTIFICATION:

Mattress with Foundation

Mattress without Foundation

**DESCRIPTION OF COMPONENT MATERIALS:** For each component furnish supplier name, style, etc. If any component is not used, indicate "None used".

Identification #: \* \_\_\_\_\_

### MATTRESS:

Style or Model No.: \_\_\_\_\_

Type:  Smooth;  Tufted;  Quilted;  Other: \_\_\_\_\_

Covering Material (Ticking): \*\* \_\_\_\_\_  
\_\_\_\_\_

Fire Blocking Layer (Interliner): \_\_\_\_\_  
\_\_\_\_\_

Filling Material(s): \_\_\_\_\_  
\_\_\_\_\_

Insulator Pad: \_\_\_\_\_

Core: \_\_\_\_\_

### FOUNDATION: Supplied (complete section below); Not Supplied

Style or Model No.: \_\_\_\_\_

Covering Material (Ticking): \_\_\_\_\_  
\_\_\_\_\_

Fire Blocking Layer (Interliner): \_\_\_\_\_  
\_\_\_\_\_

Other Material(s): \_\_\_\_\_

\* The standard requires that a unique identification be assigned to all prototype and production mattress sets. This number should be listed here. The client has the responsibility to show in his own internal records the controlling identification number, i.e. a subordinate prototype, confirmed prototype, or production mattress set must list its own Identification Number and the Identification Number of the Qualified Prototype on which it is based.

\*\* For CFR Title 16 Part 1632 tests, please include the Ticking Classification (i.e. Class "A", Class "B" or Class "C").



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#### COMPANY INFORMATION:

	(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.  
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Tel. +1 631-293-8944  
 Fax +1 631-293-8956  
 e-mail: [info@govmark.com](mailto:info@govmark.com)

**PLEASE BE SURE TO MARK EACH MATTRESS CLEARLY SO THAT IT MAY BE MATCHED UP WITH THE CORRECT SUBMITTAL FORM.**

Please complete a separate form for each product submitted.