

IMO (2010 FTP)

Please complete a separate form for each product submitted.

IMO TEST/S REQUESTED:

PART 1: Noncombustibility – *Products required to be non-combustible*

PART 2: Smoke & Toxicity (FTIR)

Category:

- | | | |
|---|--|--|
| <input type="checkbox"/> Bulkhead finish | <input type="checkbox"/> Primary deck coverings* | <input type="checkbox"/> Plastic pipes |
| <input type="checkbox"/> Wall & ceiling linings | <input type="checkbox"/> Floor coverings* | <input type="checkbox"/> Electric cables |

PART 5: Surface Flammability*

Test:

- Adhered**
 Unadhered**

Category:

- Bulkhead finish
 Wall & ceiling linings
 Floor coverings*
 Primary deck coverings*

PART 7: Vertical Flammability [was A.653(14)] – *Draperies*

PART 8: Upholstered Furniture [was A.652(16)]

Ignition Source:

- 3.1 Cigarette**
 3.2 Propane Flame**

PART 9: Bedding – *Bedding*

Ignition Source:

- 8.1 Cigarette
 8.2 Propane Flame

* **Part 5 and Part 6 Surface Flammability: If adhered, specify substrate and adhesive. In the absence of a defined substrate and adhesive, SGS Govmark may test surface and flooring materials adhered on a non-combustible substrate (i.e. calcium silicate board) using a standard adhesive.**

**The IMO procedure for upholstered furniture requires the testing of furniture composites. In most instances, the client is attempting to qualify a single component such as a cover material, barrier material, or a filling material. When this occurs, SGS Govmark supplies a corresponding component to form the composite. The SGS Govmark supplied components are listed next to the component being qualified. Unless otherwise specified by the client, the SGS Govmark corresponding components will be used:

<u>Component to be Qualified</u>	<u>SGS Govmark Supplied Component</u>
Cover Material	Code Red FR Foam
Barrier Material	100% Polyester Inherently FR Cover Material & Non-FR Foam Substrate (Filling Material)
Filling Material	100% Polyester Inherently FR Cover Material
Composite Sections	Not applicable

OTHER TEST(S) REQUESTED: (Please specify): _____

WITNESSING OF TEST(S) and/or TEST EQUIPMENT REQUIRED?

NO; YES (please furnish details): _____

-- Continued on Page 2 --

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PRODUCT DESCRIPTION: *The report that is issued by SGS Govmark is based on your product description. SGS Govmark suggests that this information be as detailed as possible. Suggested parameters include but are not limited to:*

Lot No.: _____ Date of Mfg.: _____

Style: _____

Composition: _____

Weight: _____ Density: _____ Thickness: _____

Product End Use: _____

Additional Information: _____

CLIENT'S P.O. #: *Optional. Only required if it is related to the proper processing of our invoice to you for payment.*

SPECIAL INSTRUCTIONS: *All special instructions contained in your purchase order, such as testing modifications, extra report copies, invoice distribution, etc., must be repeated on this test order form. Testing will be conducted as directed by this test order form which supersedes the purchase order.*

COMPANY DATA: *Please complete all three columns. Where appropriate, "same" may be entered in Columns 2 and 3. Unless otherwise instructed, all reports will be sent to the company identified in Column 1.*

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

-- Continued on Page 3 --

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LITIGATION: *We need to know if the test is part of a lawsuit.*

IS THIS TESTING PART OF ANY ACTUAL OR INTENDED LEGAL ACTION, CLAIM, OR SIMILAR ACTION? NO*; YES

* Failure to answer will be considered "no".

CLIENT UPDATE (OPTIONAL):

Existing account; New account

In a few words, what brought you to SGS Govmark? _____

SEND SAMPLES TO:

**SGS GOVMARK
96 ALLEN BOULEVARD, SUITE D
FARMINGDALE, NY 11735 U.S.A.**

Federal EIN # 27 4458985

**Tel. +1 631-293-8944
Fax +1 631-293-8956
E-mail: rosemary.billelo@sgs.com**

SAMPLES THAT ARE RECEIVED WITHOUT APPROPRIATE INFORMATION MAY BE DELAYED IN TESTING PENDING RECEIPT OF SUCH INFORMATION.

NAME OF PERSON COMPLETING FORM: _____

DATE: _____