

SUBORDINATE PROTOTYPE RECORDS OMB 3041- 0133

16 CFR Part 1633 – Standard for the Flammability (Open Flame) of Mattress Sets

DATE: ___/___/___ Firm Name: _____ PROTOTYPE ID: _____

QUALIFIED/CONFIRMED

PROTOTYPE ID: _____

**MODELS REPRESENTED BY
SUBORDINATE PROTOTYPE:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MANUFACTURING SPECIFICATIONS FOR SUBSTITUTED MATERIALS

DESCRIPTION OF SUBSTITUTED COMPONENT MATERIALS (IF APPLICABLE): If a particular material is not used in the prototype, write "NA" in the space provided.

1. Ticking

Name/Style	_____
Color/Pattern	_____
Construction	_____
Fiber Content	_____
Fabric Weight	_____
Finish Application	_____
FR details (if any)	_____
Supplier Info	_____
	Name _____
	Street Address _____
	City _____ State _____ ZIP _____

2. Foam (describe all layers if more than one)

Name/Style	_____
Thickness	_____
Density	_____
Chemical Composition	_____
FR details (if any)	_____
Supplier Info	_____
	Name _____
	Street Address _____
	City _____ State _____ ZIP _____

SUBORDINATE PROTOTYPE RECORDS OMB 3041- 0133

16 CFR Part 1633 – Standard for the Flammability (Open Flame) of Mattress Sets

DATE: ____/____/____

PROTOTYPE ID: _____

3. Fiber-fill (if different from fiber/barrier in quilted ticking)

Name/Style _____
Thickness _____
Fiber Content _____
FR details (if any) _____
Supplier Info
Name _____
Street Address _____
City _____ State _____ ZIP _____

4. Binding Tape

Name/Style _____
Color _____
Width _____
Fiber Content _____
Construction _____
FR details (if any) _____
Supplier Info
Name _____
Street Address _____
City _____ State _____ ZIP _____

5. Core

Name/Style _____
Material _____
Thickness _____
Construction _____
FR details (if any) _____
Supplier Info
Name _____
Street Address _____
City _____ State _____ ZIP _____

6. Other

Name/Style _____
Specifications _____

FR details (if any) _____
Supplier Info
Name _____
Street Address _____
City _____ State _____ ZIP _____

SUBORDINATE PROTOTYPE RECORDS OMB 3041- 0133

16 CFR Part 1633 – Standard for the Flammability (Open Flame) of Mattress Sets

DATE: ____/____/____

PROTOTYPE ID: _____

7. Other

Name/Style _____

Specifications _____

FR details (if any) _____

Supplier Info _____

Name _____

Street Address _____

City _____ State _____ ZIP _____

8. Other

Name/Style _____

Specifications _____

FR details (if any) _____

Supplier Info _____

Name _____

Street Address _____

City _____ State _____ ZIP _____

DESCRIPTION OF METHOD OF ASSEMBLY CHANGE (IF APPLICABLE):

To complete test record requirements under § 1633.11(b)(4) for subordinate prototypes, the information contained herein must be accompanied by:

- (1) photographs or physical specimens of the substituted materials; and
- (2) documentation based on objectively reasonable criteria that the change in any component, material, or method of assembly will not cause the subordinate prototype to exceed the test criteria specified in § 1633.3(b).