

CONFIRMED PROTOTYPE TEST RECORD*

OMB 3041- 0133

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

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

TEST FACILITY: Name _____

Address _____

Street _____

City _____ State _____ ZIP _____

TYPE OF TEST ROOM: _____ Configuration A – Open Calorimeter

_____ Configuration B – Room (10ft. x 12ft. x 8ft.)

ROOM CONDITIONS: Temperature _____ °C / °F

% Relative Humidity _____

TIME OUT OF CONDITIONING ROOM: _____ a.m. / p.m.

TEST START TIME _____ a.m. / p.m.

TEST DATA: Total Heat Release _____ MJ

(within first 10 minutes)

Peak Heat Release Rate _____ kW

(within first 30 minutes)

DATE OF TEST: ____/____/____

Month Day Year

TEST RESULTS: Accept _____ Reject _____

I certify that this test was carried out in full accordance with the provisions of the Standard for the Flammability (Open Flame) of Mattress Sets – 16 C.F.R. Part 1633.

TESTED BY: Name _____

Print

Signature _____

CERTIFIED BY: Name _____

Print

Signature _____

*To complete test record requirements under § 1633.11(a) for confirmed prototypes, the information contained herein must be accompanied by:

- (1) a graphic depiction of the peak rate of heat release and the calculated total heat release over time; and
- (2) a video or photographs of the testing of the mattress set.

This data sheet may be used in combination with a third-party laboratory test report.