

TEST ORDER FORM IMO (2010 FTP)

SGS Govmark Testing Services provides test information forms online for your convenience. The forms are in PDF format and require Adobe® Reader® to view or print. If you do not have the full version of Adobe® Acrobat®, kindly fax the completed test order form to us, or scan the form and email it to us. Be sure to enclose a copy of this completed test order form along with your samples.

Please complete a separate form for each product submitted.

IMO TEST(S) REQUESTED:

PART 1: NON-COMBUSTIBILITY – Products required to be non-combustible PART 2: SMOKE & TOXICITY (FTIR) CATEGORY:				
Bulkhead finish	Primary deck coverings*	Plastic pipes		
Wall & ceiling linings	Floor coverings*	Electric cables		
PART 5: SURFACE FLAMMABILITY*				
TEST: C	ATEGORY:			
Adhered**	Bulkhead finish	Floor coverings*		
Unadhered**	Wall & ceiling linings	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:

COMPONENT TO BE QUALIFIED	SGS GOVMARK SUPPLIED COMPONENT
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

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

WITNESSING OF TEST(S) AND/OR TEST EQUIPMENT REQUIRED?

NO, YES (please furnish details):

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.

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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. COMPANY SUBMITTING SAMPLE
 2. COMPANY TO APPEAR ON REPORT
 3. COMPANY BILLING ADDRESS

 Person's Name:
 Company Name:

 Address:
 Company Name:

Telephone #:

E-mail:

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:

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