**Herb Curry, Inc.**  **Fire & Flammability Test Order Form**

1701 Leonard Road

Mt Vernon, IN 47620 *Please complete a separate form for each product submitted.*

812-838-6703 (phone) 812-8386712 (fax)

burnit@evansville.net

|  |
| --- |
| **Company Information** |
| Company Name: |
| Contact Name: | Position Title: |
| Phone #: | Fax #: |
| Email: |
| Mailing Address: |
| City: | State/Zip: |
|  |
| **Test Methods** (please mark one) |
|  | **FAR 25.853 Appendix F** | **Boeing** |
| **Flammability** |
| Vertical Bunsen Burner 60 seconds | □ Part I (a) (1) (i) | □ BSS 7230 F1 |
| Vertical Bunsen Burner 12 seconds | □ Part I (a) (1) (ii) | □ BSS 7230 F2 |
| Horizontal Bunsen Burner (max burn rate 2.5”) | □ Part I (a) (1) (iv) | □ BSS 7230 F3 |
| Horizontal Bunsen Burner (max burn rate 4.0”) | □ Part I (a) (1) (v) | □ BSS 7230 F4 |
| 45 Degree Bunsen Burner | □ Part I (a) (2) (ii) | □ BSS 7230 F5 |
| **Toxicity** |
| Flaming Mode Only |  | □ BSS 7239 |
| Non-Flaming Mode Only |  | □ BSS 7239 |
| **Heat Release** |
| OSU Heat Release | □ Part IV | □ BSS 7322 |
| **Smoke Density \*** (Please mark one of the following): **□ 4 minutes □ 20 minutes** |
| Flaming Mode Only | □ Part V | □ BSS 7238 |
| Non-Flaming Mode Only |  | □ BSS 7238 |
| **ASTM E-662 - Smoke Density \*** (Please mark one of the following): **□ 4 minutes □ 20 minutes** |
| Flaming Mode Only | □ ASTM E-662 |  |
| Non-Flaming Mode Only | □ ASTM F-814 |  |
| \**Regardless of test standard selected, identify the max DsM requirement (mandatory* *for Smoke Density*): **\_\_\_\_\_\_\_\_\_\_\_\_\_DsM** |
| **Additional Comments:** |
|  |

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| --- |
| **Panel Build-Up** |
| **Material List** (Please complete this section unless information is provided on a separate form in the order.) |
| **Item No.** | **Sample ID Number** | **Item Description** (i.e., part description, material usage in the aircraft, specimen thickness, etc.) |
| *1* |  |  |
| *2* |  |  |
| *3* |  |  |
| *4* |  |  |
| *5* |  |  |
| *6* |  |  |
| *7* |  |  |
| *8* |  |  |
| *9* |  |  |
| *10* |  |  |
| *11* |  |  |
| **Invoicing and Sending Test Results** |
| **Invoices Should be Sent to**: (please provide information regarding preferred method) |
| Name / Position: |
| Department: |
| Email: | Fax: |
| Mailing Address: (if different from above) |
| City: | State/Zip: |
| **Test Results Should be Sent to:** (please provide information regarding preferred method) |
| Name / Position: |
| Department: |
| Email:  | Fax: |
| Mailing Address: (if different from above) |
| City: | State/Zip: |
| **Authorization** |
| **Signature** (Signature verifies that all information given in this request is correct and corresponds to the specimen(s) |
| Name: (Printed) | Date: |
| Position: |
| Signature |