**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](mailto: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 | | | | |