



Superstion Fire & Medical District



DOCUMENTATION OF FLAME RESISTANCE

INFORMATION FORM

This document is prepared to certify that the materials described herein have been flame-retardant treated or are noncombustible and nonflammable.

Please type or print neatly:

Business Name: _____

Business Location: _____

Material Treated (description): _____

Rooms where material will be used: _____

Occupancy classification where material will be used: _____

This material has been flame-retardant treated by the COMPANY or USER listed below:

Name of company or user: _____

Address: _____

Phone Number: _____

Date material was treated: _____

Name of product used to treat material: _____

How was the treatment applied: _____

How long will this treatment be effective: _____

What flame spread rating has been achieved in this treatment? 0-25 26-75 76-200
Circle One

What class rating has been achieved? I II III
Circle One

The flame retardant used will (or) will not be removed by laundering.
Circle One

The material is made from a flame-resistant material manufactured by:

Manufacturer's Name: _____

Address: _____

Phone: _____

Is the manufacturer's documentation, including the product sheet, included with this form?

Yes _____ No _____

MATERIAL SAMPLE
(If Attachable)

Installer's Name (Print): _____

Installer's Signature: _____

Company Name (if applicable): _____

Address: _____

Phone: _____