



Materials Analytical Services LLC

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FURNITURE EMISSIONS TESTING CHAIN OF CUSTODY PER



Standard Practice
(Section 01350)

BIFMA International

FES M7.1

Client Information
Company:
Street Address:
City/State:
Zip/Postal Code:
Country:
Contact Name:
Title:
Phone Number:
Fax Number:
Email Address:

Manufacturer Information (if different than client)
Company:
City/State/Country:
Contact Name/Title:
Phone Number:

Sample Details
Product Name & Catalog #:
Product Type: Finish System only <input type="checkbox"/> , Substate Board only <input type="checkbox"/> , Finished Casegoods exemplar <input type="checkbox"/> , Hard Seating exemplar <input type="checkbox"/> , Seat covering only <input type="checkbox"/> , Upholstered cushion <input type="checkbox"/> , Assembled Furniture (systems workstation <input type="checkbox"/> , desk <input type="checkbox"/> , chair <input type="checkbox"/> , other <input type="checkbox"/> , Other <input type="checkbox"/>
Date of Product Manufacturing Completion:
Sample Collection Location: Factory <input type="checkbox"/> , Warehouse <input type="checkbox"/> , Vendor Supplied <input type="checkbox"/>
Date of Sample Shipment :
Number of Boxes or Pallets:

Shipping Details
Packed By:
Shipping Date:
Carrier/Airbill Number:

Testing Specifications (per MAS) check appropriate test below
Product Use:
<input type="checkbox"/> Office: <input type="checkbox"/> Open plan <input type="checkbox"/> Private plan; <input type="checkbox"/> School/Classroom
Testing Specifications
<input type="checkbox"/> R&D (Specify)
<input type="checkbox"/> Screening <input type="checkbox"/> Compliance <input type="checkbox"/> Specialty (Specify)
Comments:

Furniture Construction Details (as applicable)
Covering Type: Fabric <input type="checkbox"/> (Primary Fiber type: _____), Vinyl <input type="checkbox"/> , Leather <input type="checkbox"/>
Plastic Type(s): Nylon <input type="checkbox"/> , PVC <input type="checkbox"/> , PE <input type="checkbox"/> , PP <input type="checkbox"/> , PU <input type="checkbox"/> , PS <input type="checkbox"/> , PC <input type="checkbox"/> , ABS <input type="checkbox"/> , Acrylic <input type="checkbox"/> , Lexan <input type="checkbox"/>
Substrate Type(s): MDF <input type="checkbox"/> , Particle Board <input type="checkbox"/> , Plywood <input type="checkbox"/> , Solid Wood <input type="checkbox"/> , Other <input type="checkbox"/>
Outer Finish Type(s): Oil Base <input type="checkbox"/> , Water Base <input type="checkbox"/> , Catalyzed/Conversion Var <input type="checkbox"/> , Polyurethane <input type="checkbox"/> , Plastic Laminate <input type="checkbox"/> , Melamine <input type="checkbox"/> , UV <input type="checkbox"/> , Other <input type="checkbox"/>
Foam Type: Polyurethane <input type="checkbox"/> , Memory <input type="checkbox"/> , Latex <input type="checkbox"/> , Evlon <input type="checkbox"/> , High Resilience <input type="checkbox"/> , High Density <input type="checkbox"/>
Paint Type: Latex <input type="checkbox"/> , Oil <input type="checkbox"/> , Low VOC <input type="checkbox"/> , No VOCs <input type="checkbox"/> , PowderCoat <input type="checkbox"/> , Chrome <input type="checkbox"/>

Special Notes or Comments from Manufacturer:
<input type="checkbox"/> Residential/Dorm Furniture
<input type="checkbox"/> Concentration Room Modeling, <input type="checkbox"/> Maximum Emission Factors
Alt. Email Address for Reporting of Data:

Laboratory Receipt (to be completed by Laboratory Representative)
Received By:
Received Date:
Condition of Shipping Package:
Condition of Sample:
Sample Location:
Sample Disposition:
Remarks:

Sample Handling				
Relinquished By	Company	Received By	Company	Date/Time