## **Request for Burn Test**



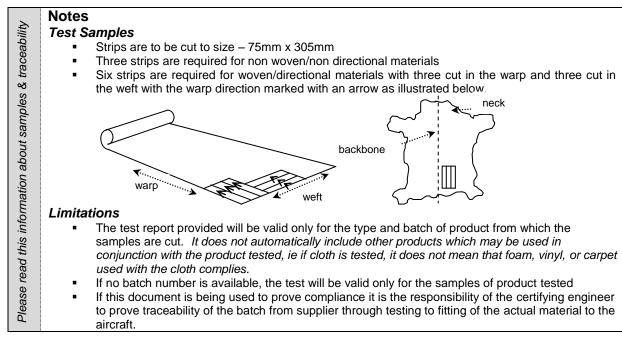
Details	Date	Purchase Order
Your Det	From	

		Product Name
l		
	s	
	tai	
	Details	Batch Number
	Sample	
	du	Composition
	Sa	

	Test Method – FAR 25.853(a)				
od (Please tick 1)	☐ F1 ☐ F2 ☐ F3 ☐ F4 ☐	60 sec Vertical 12 sec Vertical 15 sec Horizontal 15 sec Horizontal Other <i>(Please speci</i>	Appendix F Part I(a)1(i) Appendix F Part I(a)1(ii) Appendix F Part I(a)1(iv) Appendix F Part I(a)1(v) fy)		
Aeth	Test Method – FAR 23.853(a)				
Test Method		15 sec Horizontal	Appendix F(e)		

Please check & confirm your requirement

Signed (client/engineer)



FIL FORM NO. B001.1 Rev B