

CITY OF MESA FIRE DEPARTMENT
COMPANY FORM

DOCUMENTATION OF FLAME RESISTANCE

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

**Please type or print legibly in blanks.*

SECTION A

Business location _____
Business name _____
Material treated _____
(description)
Rooms where material will be used _____
Occupancy classification where material will be used _____

SECTION B

This material has been flame-retardant treated by the COMPANY listed below:
Name of manufacturer or company _____
Address _____
Phone _____
Name of product used in the treatment _____
How was the treatment applied? _____
Date material was treated _____
How long will this treatment be effective? _____
What flame spread rating has been achieved with this treatment?

(0-24, 26-75, 76-200)
The flame retardant used _____
(will or will not) _____ be removed by laundering.
This material is made from a flame-resistant fabric (material) manufactured by _____,
address _____, phone _____.

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

Yes _____ No _____

Installer's signature _____
Company name _____
Address _____
Phone _____

(F.D.#6 Flame2 - Rev: 10-26-93)