CITY OF MESA FIRE & MEDICAL DEPARTMENT

USER FORM

DOCUMENTATION OF FLAME RESISTANCE

This document shall be completed by the user for the Mesa Fire & Medical Department 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 USER listed below

Name of the product used to treat material _____

Are sheet detailing product capabilities included with this form? Yes ___ No ___

How was the treatment applied? _____

What flame spread rating has been achieved with this treatment?

_____

(0-25, 26-75, 76-200)

The flame retardant used _____ be removed by laundering

(will or will not)

How long will this treatment be effective? _____

Date material was treated _____

This treatment was applied by _____

(individual's name - typed)

_____

Signature

User's company or business name _____

Address _____

Phone _____