

# 16 CFR 1633 **RECORDKEEPING** FORMS

Part 1633 requires that each mattress producer document its compliance with the standard. Although Part 1633 does not specify in detail exactly what types of information should be collected and maintained, the Consumer Product Safety Commission has prepared the following sample forms to illustrate categories of information and formats that might be relevant to this process.

It is important to emphasize, however, that these samples are just that — and are not mandatory forms that must be completed by all mattress producers. Rather, mattress producers may refer to these forms as they develop their own internal recordkeeping system. Producers are encouraged to modify these forms as needed for purposes of their product designs and product mix as well as production and documentation capabilities.

An on-line version of these forms resides on the CPSC website that can be filled in electronically.

# CONFIRMED PROTOTYPE TEST RECORD\*

OMB 3041- 0133

16 CFR Part 1633 – Standard for the Flammability (Open Flame) of Mattress Sets

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Firm Name: \_\_\_\_\_ PROTOTYPE ID: \_\_\_\_\_

**TEST FACILITY:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**TYPE OF TEST ROOM:** \_\_\_\_\_ Configuration A – Open Calorimeter  
\_\_\_\_\_ Configuration B – Room (10ft. x 12ft. x 8ft.)

**ROOM CONDITIONS:** Temperature \_\_\_\_\_ °C / °F  
% Relative Humidity \_\_\_\_\_

**TIME OUT OF CONDITIONING ROOM:** \_\_\_\_\_:\_\_\_\_\_ a.m. / p.m.      **TEST START TIME**  
\_\_\_\_\_:\_\_\_\_\_ a.m. / p.m.

**TEST DATA:** Total Heat Release \_\_\_\_\_ MJ  
(within first 10 minutes)  
Peak Heat Release Rate \_\_\_\_\_ kW  
(within first 30 minutes)

**DATE OF TEST:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**TEST RESULTS:** Accept \_\_\_\_\_ Reject \_\_\_\_\_

I certify that this test was carried out in full accordance with the provisions of the Standard for the Flammability (Open Flame) of Mattress Sets – 16 C.F.R. Part 1633.

**TESTED BY:** Name \_\_\_\_\_  
Print

Signature \_\_\_\_\_

**CERTIFIED BY:** Name \_\_\_\_\_  
Print

Signature \_\_\_\_\_

\*To complete test record requirements under § 1633.11(a) for confirmed prototypes, the information contained herein must be accompanied by:

- (1) a graphic depiction of the peak rate of heat release and the calculated total heat release over time; and
- (2) a video or photographs of the testing of the mattress set.

This data sheet may be used in combination with a third-party laboratory test report.

**QUALIFIED/CONFIRMED PROTOTYPE RECORDS** OMB 3041- 0133

16 CFR Part 1633 – Standard for the Flammability (Open Flame) of Mattress Sets

DATE: \_\_\_/\_\_\_/\_\_\_ Firm Name: \_\_\_\_\_

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**QUALIFIED/CONFIRMED**

**PROTOTYPE ID:** \_\_\_\_\_

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**SUBORDINATE PROTOTYPES REPRESENTED BY  
QUALIFIED/CONFIRMED PROTOTYPE:**

_____	_____
_____	_____
_____	_____
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_____	_____

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**MODELS REPRESENTED BY  
QUALIFIED/CONFIRMED PROTOTYPE:**

_____	_____
_____	_____
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_____	_____

**QUALIFIED/CONFIRMED PROTOTYPE RECORDS** OMB 3041- 0133

16 CFR Part 1633 – Standard for the Flammability (Open Flame) of Mattress Sets

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PROTOTYPE ID: \_\_\_\_\_

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**MANUFACTURING SPECIFICATIONS**

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**DESIGN TYPE:**  
(Check all that apply)

- |                          |                       |                          |              |
|--------------------------|-----------------------|--------------------------|--------------|
| <input type="checkbox"/> | Smooth                | <input type="checkbox"/> | Tufted       |
| <input type="checkbox"/> | Panel Quilt           | <input type="checkbox"/> | Pillow Top   |
| <input type="checkbox"/> | Box Top               | <input type="checkbox"/> | Euro Top     |
| <input type="checkbox"/> | Single Sided          | <input type="checkbox"/> | Double Sided |
| <input type="checkbox"/> | Other (specify) _____ |                          |              |

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**FOUNDATION INFORMATION:**

- Mattress intended to be used alone
- Mattress intended to be sold with foundation(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Mattress intended to be sold alone or with foundation(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ORDER OF ASSEMBLY FROM SURFACE TO CORE:**

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**DESCRIPTION OF MATTRESS COMPONENT MATERIALS:** If a particular material is not used in the prototype, write "NA" in the space provided.

1. Ticking

- Name/Style \_\_\_\_\_
- Color/Pattern \_\_\_\_\_
- Construction \_\_\_\_\_
- Fiber Content \_\_\_\_\_
- Fabric Weight \_\_\_\_\_
- Finish Application \_\_\_\_\_
- FR details (if any) \_\_\_\_\_
- Supplier Info \_\_\_\_\_
- Name \_\_\_\_\_
- Street Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**QUALIFIED/CONFIRMED PROTOTYPE RECORDS** OMB 3041- 0133

16 CFR Part 1633 – Standard for the Flammability (Open Flame) of Mattress Sets

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PROTOTYPE ID: \_\_\_\_\_

**2. Quilted Ticking Components**

**a. Foam**

Name/Style \_\_\_\_\_

Thickness \_\_\_\_\_

Density \_\_\_\_\_

Chemical Composition \_\_\_\_\_

FR details (if any) \_\_\_\_\_

Supplier Info \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**b. Fiber-fill**

Name/Style \_\_\_\_\_

Thickness \_\_\_\_\_

Fiber Content \_\_\_\_\_

FR details (if any) \_\_\_\_\_

Supplier Info \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**c. Barrier**

Name/Style \_\_\_\_\_

Thickness \_\_\_\_\_

Fiber Content \_\_\_\_\_

FR details (if any) \_\_\_\_\_

Supplier Info \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**d. Backing**

Name/Style \_\_\_\_\_

Construction \_\_\_\_\_

Fiber Content \_\_\_\_\_

Fabric Weight \_\_\_\_\_

FR details (if any) \_\_\_\_\_

Supplier Info \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**QUALIFIED/CONFIRMED PROTOTYPE RECORDS** OMB 3041- 0133

16 CFR Part 1633 – Standard for the Flammability (Open Flame) of Mattress Sets

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PROTOTYPE ID: \_\_\_\_\_

e. Thread

Name/Style \_\_\_\_\_  
Color \_\_\_\_\_  
Fiber Content \_\_\_\_\_  
Denier \_\_\_\_\_  
FR details (if any) \_\_\_\_\_  
Supplier Info  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

3. Foam (describe all layers if more than one)

Name/Style \_\_\_\_\_  
Thickness \_\_\_\_\_  
Density \_\_\_\_\_  
Chemical Composition \_\_\_\_\_  
FR details (if any) \_\_\_\_\_  
Supplier Info  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

4. Fiber-fill (if different from fiber in quilted ticking)

Name/Style \_\_\_\_\_  
Thickness \_\_\_\_\_  
Fiber Content \_\_\_\_\_  
FR details (if any) \_\_\_\_\_  
Supplier Info  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

5. Barrier (if different from fiber in quilted ticking)

Name/Style \_\_\_\_\_  
Thickness \_\_\_\_\_  
Fiber Content \_\_\_\_\_  
FR details (if any) \_\_\_\_\_  
Supplier Info  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**QUALIFIED/CONFIRMED PROTOTYPE RECORDS OMB 3041- 0133**

16 CFR Part 1633 – Standard for the Flammability (Open Flame) of Mattress Sets

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PROTOTYPE ID: \_\_\_\_\_

**6. Tufting (buttons, laces, threads, yarns, and twine)**

Name/Style \_\_\_\_\_  
Color \_\_\_\_\_  
Fiber Content \_\_\_\_\_  
Denier \_\_\_\_\_  
FR details (if any) \_\_\_\_\_  
Supplier Info  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**7. Binding Tape**

Name/Style \_\_\_\_\_  
Color \_\_\_\_\_  
Width \_\_\_\_\_  
Fiber Content \_\_\_\_\_  
Construction \_\_\_\_\_  
FR details (if any) \_\_\_\_\_  
Supplier Info  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**8. Insulator Pad**

Name/Style \_\_\_\_\_  
Color \_\_\_\_\_  
Fiber Content \_\_\_\_\_  
Construction \_\_\_\_\_  
FR details (if any) \_\_\_\_\_  
Supplier Info  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**9. No Skid Fabric/Skid Pad**

Name/Style \_\_\_\_\_  
Color \_\_\_\_\_  
Fiber Content \_\_\_\_\_  
Construction \_\_\_\_\_  
FR details (if any) \_\_\_\_\_  
Supplier Info  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**QUALIFIED/CONFIRMED PROTOTYPE RECORDS** OMB 3041- 0133

16 CFR Part 1633 – Standard for the Flammability (Open Flame) of Mattress Sets

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PROTOTYPE ID: \_\_\_\_\_

10. Core

Name/Style \_\_\_\_\_

Material \_\_\_\_\_

Thickness \_\_\_\_\_

Construction \_\_\_\_\_

FR details (if any) \_\_\_\_\_

Supplier Info

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

11. Other

Name/Style \_\_\_\_\_

Specifications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FR details (if any) \_\_\_\_\_

Supplier Info

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

12. Other

Name/Style \_\_\_\_\_

Specifications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FR details (if any) \_\_\_\_\_

Supplier Info

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

13. Other

Name/Style \_\_\_\_\_

Specifications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FR details (if any) \_\_\_\_\_

Supplier Info

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

# QUALIFIED/CONFIRMED PROTOTYPE RECORDS OMB 3041- 0133

16 CFR Part 1633 – Standard for the Flammability (Open Flame) of Mattress Sets

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PROTOTYPE ID: \_\_\_\_\_

## DESCRIPTION OF FOUNDATION COMPONENT MATERIALS (IF ANY):

### 1. Ticking

Name/Style \_\_\_\_\_  
Color/Pattern \_\_\_\_\_  
Construction \_\_\_\_\_  
Fiber Content \_\_\_\_\_  
Fabric Weight \_\_\_\_\_  
Finish Application \_\_\_\_\_  
FR details (if any) \_\_\_\_\_  
Supplier Info  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### 2. Frame

Name/Style \_\_\_\_\_  
Material \_\_\_\_\_  
Depth \_\_\_\_\_  
FR details (if any) \_\_\_\_\_  
Supplier Info  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### 3. Other

Name/Style \_\_\_\_\_  
Specifications \_\_\_\_\_  
FR details (if any) \_\_\_\_\_  
Supplier Info  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### 4. Other

Name/Style \_\_\_\_\_  
Specifications \_\_\_\_\_  
FR details (if any) \_\_\_\_\_  
Supplier Info  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**QUALIFIED PROTOTYPE TEST RECORD\* OMB 3041- 0133**

16 CFR Part 1633 – Standard for the Flammability (Open Flame) of Mattress Sets

DATE: \_\_\_/\_\_\_/\_\_\_ Firm Name: \_\_\_\_\_ PROTOTYPE ID: \_\_\_\_\_

**TEST FACILITY:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**TYPE OF TEST ROOM:** \_\_\_\_\_ Configuration A – Open Calorimeter  
\_\_\_\_\_ Configuration B – Room (10ft. x 12ft. x 8ft.)

**TEST 1**

**Room Conditions**  
Temperature \_\_\_\_\_ °C / °F  
% Relative Humidity \_\_\_\_\_

**Time Out of Conditioning Room**  
\_\_\_\_:\_\_\_\_ a.m. / p.m.

**Test Start Time**  
\_\_\_\_:\_\_\_\_ a.m. / p.m.

**Total Heat Release**  
(within first 10 minutes)  
\_\_\_\_\_ MJ

**Peak Heat Release Rate**  
(within first 30 minutes)  
\_\_\_\_\_ kW

**Date of Test**  
\_\_\_/\_\_\_/\_\_\_

**TEST 2**

**Room Conditions**  
Temperature \_\_\_\_\_ °C / °F  
% Relative Humidity \_\_\_\_\_

**Time Out of Conditioning Room**  
\_\_\_\_:\_\_\_\_ a.m. / p.m.

**Test Start Time**  
\_\_\_\_:\_\_\_\_ a.m. / p.m.

**Total Heat Release**  
(within first 10 minutes)  
\_\_\_\_\_ MJ

**Peak Heat Release Rate**  
(within first 30 minutes)  
\_\_\_\_\_ kW

**Date of Test**  
\_\_\_/\_\_\_/\_\_\_

**TEST 3**

**Room Conditions**  
Temperature \_\_\_\_\_ °C / °F  
% Relative Humidity \_\_\_\_\_

**Time Out of Conditioning Room**  
\_\_\_\_:\_\_\_\_ a.m. / p.m.

**Test Start Time**  
\_\_\_\_:\_\_\_\_ a.m. / p.m.

**Total Heat Release**  
(within first 10 minutes)  
\_\_\_\_\_ MJ

**Peak Heat Release Rate**  
(within first 30 minutes)  
\_\_\_\_\_ kW

**Date of Test**  
\_\_\_/\_\_\_/\_\_\_

**TEST RESULTS:** Accept \_\_\_\_\_ Reject \_\_\_\_\_

I certify that this test was carried out in full accordance with the provisions of the Standard for the Flammability (Open Flame) of Mattress Sets – 16 C.F.R. Part 1633.

**TESTED BY:** Name \_\_\_\_\_  
Print  
Signature \_\_\_\_\_

**CERTIFIED BY:** Name \_\_\_\_\_  
Print  
Signature \_\_\_\_\_

\*To complete test record requirements under § 1633.11(a) for qualified prototypes, the information contained herein must be accompanied by:

- (1) a graphic depiction of the peak rate of heat release and the calculated total heat release over time; and
- (2) a video or photographs of the testing of the mattress set.

This data sheet may be used in combination with a third-party laboratory test report

**SUBORDINATE PROTOTYPE RECORDS** OMB 3041- 0133

16 CFR Part 1633 – Standard for the Flammability (Open Flame) of Mattress Sets

DATE: \_\_\_/\_\_\_/\_\_\_ Firm Name: \_\_\_\_\_ PROTOTYPE ID: \_\_\_\_\_

**QUALIFIED/CONFIRMED**

**PROTOTYPE ID:** \_\_\_\_\_

**MODELS REPRESENTED BY  
SUBORDINATE PROTOTYPE:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**MANUFACTURING SPECIFICATIONS FOR SUBSTITUTED MATERIALS**

**DESCRIPTION OF SUBSTITUTED COMPONENT MATERIALS (IF APPLICABLE):** If a particular material is not used in the prototype, write "NA" in the space provided.

1. Ticking

Name/Style \_\_\_\_\_

Color/Pattern \_\_\_\_\_

Construction \_\_\_\_\_

Fiber Content \_\_\_\_\_

Fabric Weight \_\_\_\_\_

Finish Application \_\_\_\_\_

FR details (if any) \_\_\_\_\_

Supplier Info \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

2. Foam (describe all layers if more than one)

Name/Style \_\_\_\_\_

Thickness \_\_\_\_\_

Density \_\_\_\_\_

Chemical Composition \_\_\_\_\_

FR details (if any) \_\_\_\_\_

Supplier Info \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**SUBORDINATE PROTOTYPE RECORDS** OMB 3041- 0133

16 CFR Part 1633 – Standard for the Flammability (Open Flame) of Mattress Sets

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PROTOTYPE ID: \_\_\_\_\_

3. Fiber-fill (if different from fiber/barrier in quilted ticking)

Name/Style \_\_\_\_\_  
Thickness \_\_\_\_\_  
Fiber Content \_\_\_\_\_  
FR details (if any) \_\_\_\_\_  
Supplier Info  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

4. Binding Tape

Name/Style \_\_\_\_\_  
Color \_\_\_\_\_  
Width \_\_\_\_\_  
Fiber Content \_\_\_\_\_  
Construction \_\_\_\_\_  
FR details (if any) \_\_\_\_\_  
Supplier Info  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

5. Core

Name/Style \_\_\_\_\_  
Material \_\_\_\_\_  
Thickness \_\_\_\_\_  
Construction \_\_\_\_\_  
FR details (if any) \_\_\_\_\_  
Supplier Info  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

6. Other

Name/Style \_\_\_\_\_  
Specifications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
FR details (if any) \_\_\_\_\_  
Supplier Info  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**SUBORDINATE PROTOTYPE RECORDS** OMB 3041- 0133

16 CFR Part 1633 – Standard for the Flammability (Open Flame) of Mattress Sets

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PROTOTYPE ID: \_\_\_\_\_

7. Other

Name/Style \_\_\_\_\_

Specifications \_\_\_\_\_

FR details (if any) \_\_\_\_\_

Supplier Info \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

8. Other

Name/Style \_\_\_\_\_

Specifications \_\_\_\_\_

FR details (if any) \_\_\_\_\_

Supplier Info \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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**DESCRIPTION OF METHOD OF ASSEMBLY CHANGE (IF APPLICABLE):**

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To complete test record requirements under § 1633.11(b)(4) for subordinate prototypes, the information contained herein must be accompanied by:

- (1) photographs or physical specimens of the substituted materials; and
- (2) documentation based on objectively reasonable criteria that the change in any component, material, or method of assembly will not cause the subordinate prototype to exceed the test criteria specified in § 1633.3(b).



