

Protocol for Sample Preparation

| | | | |
|---------------------------------------|--|---------|--|
| 1 Order no.: <i>(if available)</i> | | 2 Date: | |
|---------------------------------------|--|---------|--|

| | | |
|--------------------|---|---|
| 3 Purpose of test: | <input type="checkbox"/> Classification according to DIN EN 14973 | <input type="checkbox"/> Classification according to DIN EN 12882 |
| | <input type="checkbox"/> Acceptance testing (AS 4606) | <input type="checkbox"/> Initial type testing (AS 4606) |
| | <input type="checkbox"/> 5 yearly type testing (AS 4606) | <input type="checkbox"/> Prototype testing |

| | | | |
|---|--|---|--|
| 4.1 Applicant/ supplier's legal name: | | 5.1 Manufacturer and place of manufacture ¹⁾ : <i>(if different to applicant)</i> | |
| 4.2 Applicant's trading name: <i>(where applicable)</i> | | 5.2 Date of manufacture: | |
| 4.3 Applicant's contact details: | | | |

1) This should be the same name as on the quality assurance certificate (e.g. AS/NZS ISO 9001)

| | | | |
|--|--------------------------------|-------------|--------------------------------|
| 6 Conveyor belt information form | | | |
| 6.1 Belt designation: | | | |
| 6.2 Belt construction: | | | |
| 6.3 Carcass material warp / weft: | $\text{mm} \pm$ mm | | $\text{mm} \pm$ mm |
| 6.4 Carcass weave: <i>(where applicable)</i> | | | |
| 6.5 Carcass or polymer impregnation material (skim material), material identification no. and thickness: | $\text{mm} \pm$ | mm | |

This document consists of three pages. Please pay attention to the following pages!

| | | |
|--|--------------------------|--------------|
| 6.6 Top cover compound(s) / material(s), identification number(s) and thicknesses: | | |
| | mm ± mm | mm ± mm |
| 6.7 Bottom cover compound(s) / material(s), identification number(s) and thicknesses: | | |
| | mm ± mm | mm ± mm |
| 6.8 Steel cord diameter, construction and cord pitch: <i>(where applicable)</i> | mm ± mm | |
| | mm ± mm | |
| 6.9 Manufacturer's reference number for sample supplied (e. g. roll number): | | |
| 6.10 Nominal colour: | | |
| 6.11 Belt thickness: | mm ± mm | |
| 6.12 Belt width: | mm ± mm | |

| | | |
|---|--------------------------|--------------|
| 7 Conveyor accessory information form <i>(if applicable)</i> | | |
| 7.1 Accessory designation: | | |
| | | |
| 7.2 Material(s), identification number(s) and thicknesses: | | |
| | mm ± mm | mm ± mm |
| 7.3 Manufacturer's reference number for sample supplied (e. g. roll number): | | |
| 7.4 Nominal colour: | | |
| 7.5 Thickness: | mm ± mm | |

This document consists of three pages. Please pay attention to the following pages!

| 8 Declaration of toxicity (including substances / compounds) <i>(All information in mass fractions. Indications as 0%, <1%, <5%, <10%, <15% or> 15%)</i> | | | |
|--|----------|---|----------|
| <input type="checkbox"/> Heavy metals: <i>(Lead, cadmium, mercury, ...)</i> | weight-% | <input type="checkbox"/> Halogens: <i>(Flourine, chlorine, bromine, ...)</i> | weight-% |
| <input type="checkbox"/> Polychlorinated Biphenyls: | weight-% | <input type="checkbox"/> Antimony Trioxide: | weight-% |
| <input type="checkbox"/> Phenyl Ethers: | weight-% | <input type="checkbox"/> Sulphur: | weight-% |
| <input type="checkbox"/> Chloroprene: | weight-% | <input type="checkbox"/> Aluminium oxide: | weight-% |
| <input type="checkbox"/> Phosphorus: | weight-% | <input type="checkbox"/> CMR substances: | weight-% |

We hereby confirm that the information provided in this document is accurate and the selected / custom built test patterns represent the above named product in the later application.

We furthermore confirm that all samples have been produced on manufacturing equipment using manufacturing processes and from the same roll. The samples have been produced under a valid quality assurance certification.

If applying for testing according to AS 4606, a copy of the applicant's and the manufacturer's valid quality assurance certification (e.g. AS/NZS ISO 9001) will be supplied with the delivery of the specimens the latest.

| | | |
|-----------------|--|------------------------------|
| 9.1 Sampling: | | <hr/> date, signature, stamp |
| 9.2 Department: | | |
| 9.3 Position: | | |

Note:

Please check your details carefully. Only in cases where accurate information is provided, test reports can be issued in time. If information proves to be wrong or missing out during the test, the contractor reserves the right to make the customer liable for the consequences and for example to charge cleaning or repair costs separately.

Please send the completed and signed form via email (dmt-firetest@dm-group.com) or fax (+49 231 5333 299) to DMT GmbH & Co. KG.

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|-----------------|
| 10 Annotations: |
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