



CONSTRUCTION MATERIALS

TECHNOLOGIES INITIAL Test Results Report

Company Name: Volatile Free

Product Brand Name & Model: VFI-610

| Panel ID <u> 7 </u> | Coating Thickness | Panel ID <u> 8 </u> | Coating Thickness | Panel ID <u> 9 </u> | Coating Thickness |
|---------------------|-------------------|---------------------|-------------------|---------------------|-------------------|
| | 1. 26 | | 1. 27 | | 1. 34 |
| | 2. 25 | | 2. 26 | | 2. 32 |
| | 3. 31 | | 3. 30 | | 3. 36 |
| | 4. 24 | | 4. 24 | | 4. 39 |
| | 5. 28 | | 5. 27 | | 5. 36 |
| | Batch Ave. 27 | | Batch Ave. 27 | | Batch Ave. 35 |

18e. Average for all initial thickness tests (2 decimal places): Coating Thickness 31 mils

18f. Within 10% tolerance of manufacturer recommendation (see box 11a) (check box to confirm)

| <p>19. Tests conducted:</p> <table> <thead> <tr> <th>Type</th> <th>Initial Test Date</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> E903 Test</td> <td>Date _____</td> </tr> <tr> <td><input type="checkbox"/> E1918 Test</td> <td>Date _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> C1549 Test</td> <td>Date <u> 12/20/07 </u></td> </tr> <tr> <td><input checked="" type="checkbox"/> C1371 Test</td> <td>Date <u> 12/20/07 </u></td> </tr> <tr> <td><input type="checkbox"/> CRRC-1 Method #1</td> <td>Date _____</td> </tr> <tr> <td><input type="checkbox"/> D1669 Test</td> <td>Date _____</td> </tr> </tbody> </table> | Type | Initial Test Date | <input type="checkbox"/> E903 Test | Date _____ | <input type="checkbox"/> E1918 Test | Date _____ | <input checked="" type="checkbox"/> C1549 Test | Date <u> 12/20/07 </u> | <input checked="" type="checkbox"/> C1371 Test | Date <u> 12/20/07 </u> | <input type="checkbox"/> CRRC-1 Method #1 | Date _____ | <input type="checkbox"/> D1669 Test | Date _____ | <p>20. The undersigned certifies that, to the best of his/her knowledge, the measurements contained herein are true and accurate:</p> <p style="text-align: center;">Donald C. Portfolio</p> <p>_____ Responsible Person's Printed Name</p> <p style="text-align: center;"><i>Donald C. Portfolio</i></p> <p>_____ Responsible Person's Signature (Initial Tests) December 27, 2007 Date</p> |
|---|------------------------|-------------------|------------------------------------|------------|-------------------------------------|------------|--|------------------------|--|------------------------|---|------------|-------------------------------------|------------|---|
| Type | Initial Test Date | | | | | | | | | | | | | | |
| <input type="checkbox"/> E903 Test | Date _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> E1918 Test | Date _____ | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> C1549 Test | Date <u> 12/20/07 </u> | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> C1371 Test | Date <u> 12/20/07 </u> | | | | | | | | | | | | | | |
| <input type="checkbox"/> CRRC-1 Method #1 | Date _____ | | | | | | | | | | | | | | |
| <input type="checkbox"/> D1669 Test | Date _____ | | | | | | | | | | | | | | |

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