



# LEXINGTON

## **Bid 35-2023 Addendum 1 MTJ American Supplier Response**

### **Event Information**

Number: Bid 35-2023 Addendum 1  
Title: Mattresses for Community Corrections  
Type: Competitive Bid  
Issue Date: 3/16/2023  
Deadline: 3/30/2023 02:00 PM (ET)  
Notes:

For questions regarding these specifications or the bidding process, please post to the published bid on IonWave – <https://lexingtonky.ionwave.net>. Phone calls or emails are not accepted.

All mandatory forms must be filled out and posted in “Response Attachments” tab on IonWave or your bid will be considered non-responsive and not considered.

### **Contact Information**

Contact: Conni Hayes  
Address: Central Purchasing  
Government Center Building  
Room 338  
200 East Main Street  
Lexington, KY 40507  
Phone: (859) 2583320  
Fax: (859) 2583322  
Email: [chayes@lexingtonky.gov](mailto:chayes@lexingtonky.gov)

## MTJ American Information

Contact: Rick Detter  
Address: 4276 Helena Street  
Hudson, NC 28638  
Phone: (828) 396-1537 x318  
Fax: (828) 313-0612  
Toll Free: (800) 641-2234  
Email: sales@mtjamerican.com  
Web Address: www.mtjamerican.com

ONLY ONLINE BIDS WILL BE ACCEPTED! By submitting your response, you certify that you are authorized to represent and bind your company and that you agree to all bid terms and conditions as stated in the attached bid/RFP/RFQ/Quote/Auction documents.

Rick A. Detter

Signature

Submitted at 3/16/2023 01:01:38 PM (ET)

sales@mtjamerican.com

Email

## Response Attachments

### TB 121 Vinyl.pdf

TB 121 Testing

### TB 129 Vinyl Medical 30161 08-96130 1.pdf

TB 129 Testing

### 1632 Vinyl.pdf

CFR 16 1632 testing

### 1633 Vinyl Clear or Pigmented 6-26-2012 - TJ0665-2.pdf

TB 16 1633 testing

### NFPA 701 Clear.pdf

NFPA 701 117 testing

### KY - Fayette Affidavit.pdf

Affidavit

### KY - Fayette County LFUCG\_MWDBE\_PARTICIPATION\_FORMS 2023.pdf

LFUCG MWDBE Forms

### KY - Fayette Workplace Analysis Form 2023.pdf

Workforce analysis form

## Bid Lines

1	Clear vinyl mattresses w/pillow as per specifications	Quantity: <u>1</u>	UOM: <u>Each</u>	Unit Price: <input type="text" value="\$57.80"/>	Total: <input type="text" value="\$57.80"/>
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**Response Total: \$57.80**



# LEXINGTON

## LFUCG MWDBE PARTICIPATION FORM

Bid/RFP/Quote Reference # \_\_\_\_\_

The MWDBE and/or veteran subcontractors listed have agreed to participate on this Bid/RFP/Quote. If any substitution is made or the total value of the work is changed prior to or after the job is in progress, it is understood that those substitutions must be submitted to Central Purchasing for approval immediately. **Failure to submit a completed form may cause rejection of the bid.**

MWDBE Company, Name, Address, Phone, Email	MBE WBE or DBE	Work to be Performed	Total Dollar Value of the Work	% Value of Total Contract
1.				
2.				
3.				
4.				

The undersigned company representative submits the above list of MWDBE firms to be used in accomplishing the work contained in this Bid/RFP/Quote. Any misrepresentation may result in the termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and false claims.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title



# LEXINGTON

## LFUCG MWDBE PARTICIPATION FORM

Bid/RFP/Quote Reference # \_\_\_\_\_

The MWDBE and/or veteran subcontractors listed have agreed to participate on this Bid/RFP/Quote. If any substitution is made or the total value of the work is changed prior to or after the job is in progress, it is understood that those substitutions must be submitted to Central Purchasing for approval immediately. **Failure to submit a completed form may cause rejection of the bid.**

MWDBE Company, Name, Address, Phone, Email	MBE WBE or DBE	Work to be Performed	Total Dollar Value of the Work	% Value of Total Contract
1.				
2.				
3.				
4.				

The undersigned company representative submits the above list of MWDBE firms to be used in accomplishing the work contained in this Bid/RFP/Quote. Any misrepresentation may result in the termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and false claims.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title



# LEXINGTON

## LFUCG MWDBE SUBSTITUTION FORM

Bid/RFP/Quote Reference # \_\_\_\_\_

The substituted MWDBE and/or veteran subcontractors listed below have agreed to participate on this Bid/RFP/Quote. These substitutions were made prior to or after the job was in progress. These substitutions were made for reasons stated below and are now being submitted to Central Purchasing for approval. By the authorized signature of a representative of our company, we understand that this information will be entered into our file for this project. **Failure to submit this form may cause rejection of the bid.**

SUBSTITUTED MWDBE Company Name, Address, Phone, Email	MWDBE Formally Contracted/ Name, Address, Phone, Email	Work to Be Performed	Reason for the Substitution	Total Dollar Value of the Work	% Value of Total Contract
1.					
2.					
3.					
4.					

The undersigned acknowledges that any misrepresentation may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and false claims.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title



# LEXINGTON

## MWDBE QUOTE SUMMARY FORM

Bid/RFP/Quote Reference # \_\_\_\_\_

The undersigned acknowledges that the minority and/or veteran subcontractors listed on this form did submit a quote to participate on this project. Failure to submit this form may cause rejection of the bid.

Company Name	Contact Person
Address/Phone/Email	Bid Package / Bid Date

MWDBE Company Address	Contact Person	Contact Information (work phone, Email, cell)	Date Contacted	Services to be performed	Method of Communication (email, phone meeting, ad, event etc)	Total dollars \$\$ Do Not Leave Blank (Attach Documentation)	MBE * AA HA AS NA Female	Veteran

(MBE designation / AA=African American / HA= Hispanic American/AS = Asian American/Pacific Islander/ NA= Native American)

The undersigned acknowledges that all information is accurate. Any misrepresentation may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and claims.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title



# LEXINGTON

## LFUCG SUBCONTRACTOR MONTHLY PAYMENT REPORT

The LFUCG has a 10% goal plan adopted by city council to increase the participation of minority and women owned businesses in the procurement process. The LFUCG also has a 3% goal plan adopted by cited council to increase the participation of veteran owned businesses in the procurement process. In order to measure that goal LFUCG will track spending with MWDBE and Veteran contractors on a monthly basis. By the signature below of an authorized company representative, you certify that the information is correct, and that each of the representations set forth below is true. Any misrepresentation may result in termination of the contract and/or prosecution under applicable Federal and State laws concerning false statements and false claims. Please submit this form monthly to the Division of Central Purchasing/ 200 East Main Street / Room 338 / Lexington, KY 40507.

**Bid/RFP/Quote #** \_\_\_\_\_

**Total Contract Amount Awarded to Prime Contractor for this Project** \_\_\_\_\_

<b>Project Name/ Contract #</b>	<b>Work Period/ From:</b>	<b>To:</b>
<b>Company Name:</b>	<b>Address:</b>	
<b>Federal Tax ID:</b>	<b>Contact Person:</b>	

Subcontractor Vendor ID (name, address, phone, email)	Description of Work	Total Subcontract Amount	% of Total Contract Awarded to Prime for this Project	Total Amount Paid for this Period	Purchase Order number for subcontractor work (please attach PO)	Scheduled Project Start Date	Scheduled Project End Date

By the signature below of an authorized company representative, you certify that the information is correct, and that each of the representations set forth below is true. Any misrepresentations may result in the termination of the contract and/or prosecution under applicable Federal and State laws concerning false statements and false claims.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**LFUCG STATEMENT OF GOOD FAITH EFFORTS**

**Bid/RFP/Quote #** \_\_\_\_\_

By the signature below of an authorized company representative, we certify that we have utilized the following Good Faith Efforts to obtain the maximum participation by MWDBE and Veteran-Owned business enterprises on the project and can supply the appropriate documentation.

\_\_\_\_\_ Advertised opportunities to participate in the contract in at least two (2) publications of general circulation media; trade and professional association publications; small and minority business or trade publications; and publications or trades targeting minority, women and disadvantaged businesses not less than fifteen (15) days prior to the deadline for submission of bids to allow MWDBE firms and Veteran-Owned businesses to participate.

\_\_\_\_\_ Included documentation of advertising in the above publications with the bidders good faith efforts package

\_\_\_\_\_ Attended LFUCG Central Purchasing Economic Inclusion Outreach event

\_\_\_\_\_ Attended pre-bid meetings that were scheduled by LFUCG to inform MWDBEs and/or Veteran-Owned Businesses of subcontracting opportunities

\_\_\_\_\_ Sponsored Economic Inclusion event to provide networking opportunities for prime contractors and MWDBE firms and Veteran-Owned businesses

\_\_\_\_\_ Requested a list of MWDBE and/or Veteran subcontractors or suppliers from LFUCG and showed evidence of contacting the companies on the list(s).

\_\_\_\_\_ Contacted organizations that work with MWDBE companies for assistance in finding certified MWBDE firms and Veteran-Owned businesses to work on this project. Those contacted and their responses should be a part of the bidder's good faith efforts documentation.

\_\_\_\_\_ Sent written notices, by certified mail, email or facsimile, to qualified, certified MWDBEs soliciting their participation in the contract not less than seven (7) days prior to the deadline for submission of bids to allow them to participate effectively.

\_\_\_\_\_ Followed up initial solicitations by contacting MWDBEs and Veteran-Owned businesses to determine their level of interest.

\_\_\_\_\_ Provided the interested MWBDE firm and/or Veteran-Owned business with adequate and timely information about the plans, specifications, and requirements of the contract.



\_\_\_\_\_ Selected portions of the work to be performed by MWDBE firms and/or Veteran-Owned businesses in order to increase the likelihood of meeting the contract goals. This includes, where appropriate, breaking out contract work items into economically feasible units to facilitate MWDBE and Veteran participation, even when the prime contractor may otherwise perform these work items with its own workforce

\_\_\_\_\_ Negotiated in good faith with interested MWDBE firms and Veteran-Owned businesses not rejecting them as unqualified without sound reasons based on a thorough investigation of their capabilities. Any rejection should be so noted in writing with a description as to why an agreement could not be reached.

\_\_\_\_\_ Included documentation of quotations received from interested MWDBE firms and Veteran-Owned businesses which were not used due to uncompetitive pricing or were rejected as unacceptable and/or copies of responses from firms indicating that they would not be submitting a bid.

\_\_\_\_\_ Bidder has to submit sound reasons why the quotations were considered unacceptable. The fact that the bidder has the ability and/or desire to perform the contract work with its own forces will not be considered a sound reason for rejecting a MWDBE and/or Veteran-Owned business's quote. Nothing in this provision shall be construed to require the bidder to accept unreasonable quotes in order to satisfy MWDBE and Veteran goals.

\_\_\_\_\_ Made an effort to offer assistance to or refer interested MWDBE firms and Veteran-Owned businesses to obtain the necessary equipment, supplies, materials, insurance and/or bonding to satisfy the work requirements of the bid proposal

\_\_\_\_\_ Made efforts to expand the search for MWBE firms and Veteran-Owned businesses beyond the usual geographic boundaries.

\_\_\_\_\_ Other--any other evidence that the bidder submits which may show that the bidder has made reasonable good faith efforts to include MWDBE and Veteran participation.

**NOTE: Failure to submit any of the documentation requested in this section may be cause for rejection of bid. Bidders may include any other documentation deemed relevant to this requirement which is subject to approval by the MBE Liaison. Documentation of Good Faith Efforts must be submitted with the Bid, if the participation Goal is not met.**

The undersigned acknowledges that all information is accurate. Any misrepresentations may result in termination of the contract and/or be subject to applicable Federal and State laws concerning false statements and claims.

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**Company**

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**Company Representative**

---

**Date**

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**Title**

**WORKFORCE ANALYSIS FORM**

Name of Organization: MTJ American, LLC

Categories	Total	White (Not Hispanic or Latino)		Hispanic or Latino)		Black or African-American (Not Hispanic or Latino)		Native Hawaiian and Other Pacific Islander (Not Hispanic or Latino)		Asian (Not Hispanic or Latino)		American Indian or Alaskan Native (not Hispanic or Latino)		Two or more races (Not Hispanic or Latino)		Total	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
<b>Administrators</b>		3	1														
<b>Professionals</b>																	
<b>Superintendents</b>																	
<b>Supervisors</b>			1			1											
<b>Foremen</b>																	
<b>Technicians</b>																	
<b>Protective Service</b>																	
<b>Para-Professionals</b>																	
<b>Office/Clerical</b>			2														
<b>Skilled Craft</b>		1	4	2	7	2	3										
<b>Service/Maintenan</b>		2															
<b>Total:</b>		7	8	2	7	3	3										12 18

Prepared by: Rick A. Detter VP - Sales and Operations  
*(Name and Title)*

Date: 3 / 16 / 2023

*This Affidavit must be completed before your firm can be considered for award of this contract.*

**AFFIDAVIT**

Comes the Affiant, Rick A. Detter, and after being first duly sworn under penalty of perjury as follows:

1. His/her name is Rick A. Detter and he/she is the individual submitting the bid or is the authorized representative of MTJ American, LLC the entity submitting the bid (hereinafter referred to as "Bidder")
2. Bidder will pay all taxes and fees, which are owed to the Lexington-Fayette Urban County Government at the time the bid is submitted, prior to award of the contract and will maintain a "current" status in regard to those taxes and fees during the life of the contract.
3. Bidder will obtain a Lexington-Fayette Urban County Government business license, if applicable, prior to award of the contract.
4. Bidder has authorized the Division of Central Purchasing to verify the above-mentioned information with the Division of Revenue and to disclose to the Urban County Council that taxes and/or fees are delinquent or that a business license has not been obtained.
5. Bidder has not knowingly violated any provision of the campaign finance laws of the Commonwealth of Kentucky within the past five (5) years and the award of a contract to the Bidder will not violate any provision of the campaign finance laws of the Commonwealth.
6. Bidder has not knowingly violated any provision of Chapter 25 of the Lexington-Fayette Urban County Government Code of Ordinances, known as "Ethics Act."
7. Bidder acknowledges that "knowingly" for purposes of this Affidavit means, with respect to conduct or to circumstances described by a statute or ordinance defining an offense, that a person is aware or should have been aware that his conduct is of that nature or that the circumstance exists.

Further, Affiant sayeth naught.

Rick A. Detter

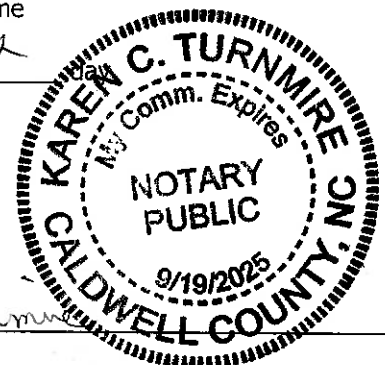
STATE OF North Carolina

COUNTY OF Caldwell

The foregoing instrument was subscribed, sworn to and acknowledged before me  
by Rick A. Detter on this the 16<sup>th</sup>  
of February, 2021

My Commission expires: 9-19-25

Karen C. Turnmire  
NOTARY PUBLIC, STATE AT LARGE



**Please refer to Section II, Bid Conditions, Item "U" prior to completing this form.**

**CLIENT:**

MTJ American  
PO Box 826  
Granite Falls, NC 28630

**Test Report No: TJ0665-1**

**Date: June 27, 2012**

**SAMPLE ID:** The test samples are identified as DCS452575-Vinyl covered detention mattress with clear or pigmented vinyl fabric and densified polyester fiber core

**SAMPLING DETAIL:** Test samples were submitted to the laboratory directly by the client. No special sampling conditions or sample preparation were observed by QAI.

**DATE OF RECEIPT:** Samples were received at QAI on June 13, 2012

**TESTING PERIOD:** June 21, 2012

**AUTHORIZATION:** Signed Work Order by Rick Detter of MTJ American.

**TEST PROCEDURE:** 16 CFR 1632, California TB 106, and FF-4-72 Mattress Pad Flammability Evaluation.

**TEST RESULTS:** The samples meet the criteria of 16 CFR 1632. Detailed test results are presented in the subsequent pages of this report.

**Prepared By**

**Signed for and on behalf of  
QAI Laboratories, Inc.**



Gregory Ertel  
Fire Test Technician



J. Brian McDonald  
Operations Manager



**RESULTS:**

**Atmospheric Conditions at Time of Test: 71.0°F, 50.5% RH**

**Data:**

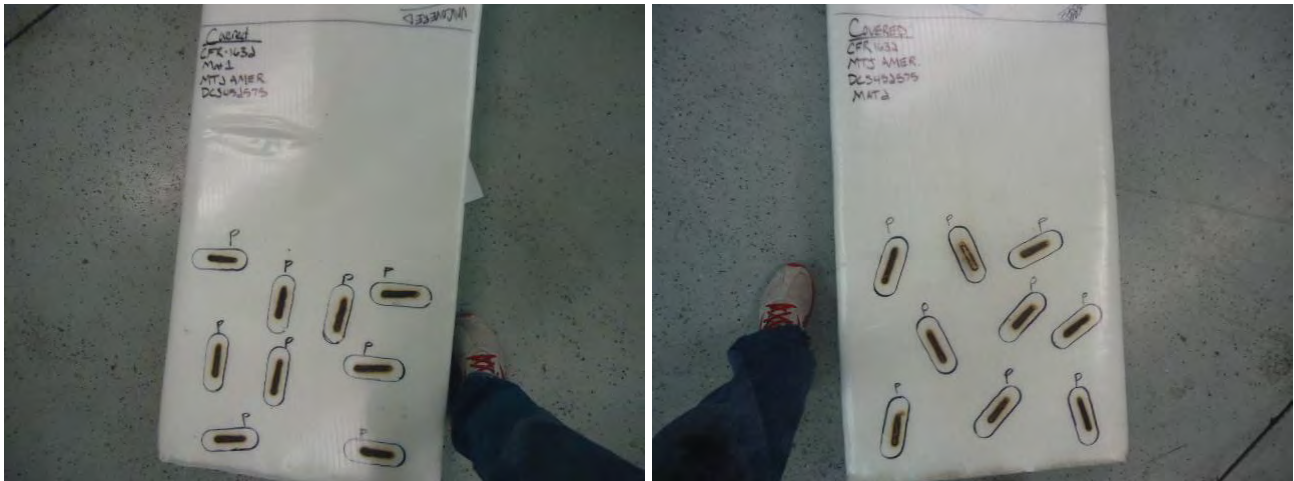
<u>Mattress #1</u>		<u>Cigarette 1</u>	<u>Cigarette 2</u>	<u>Cigarette 3</u>	<u>Relights</u>
Bare Sleep Surface	Smooth	PASS	N/A	N/A	0
	Quilted	N/A	PASS	N/A	0
	Tape Edge	N/A	N/A	PASS	0
Sheet Sleep Surface	Smooth	PASS	N/A	N/A	0
	Quilted	N/A	PASS	N/A	0
	Tape Edge	N/A	N/A	PASS	0

<u>Mattress #2</u>		<u>Cigarette 1</u>	<u>Cigarette 2</u>	<u>Cigarette 3</u>	<u>Relights</u>
Bare Sleep Surface	Smooth	PASS	N/A	N/A	0
	Quilted	N/A	PASS	N/A	0
	Tape Edge	N/A	N/A	PASS	0
Sheet Sleep Surface	Smooth	PASS	N/A	N/A	0
	Quilted	N/A	PASS	N/A	0
	Tape Edge	N/A	N/A	PASS	0

**PHOTOS:**



**PHOTOS 1. Mattress After, Bare Side**



**PHOTOS 2. Mattress After, Sheet Side**

\*\*\*\*\*

**End of Report**

THIS REPORT IS THE CONFIDENTIAL PROPERTY OF THE CLIENT ADDRESSED. THE REPORT MAY ONLY BE REPRODUCED IN FULL. PUBLICATION OF EXTRACTS FROM THIS REPORT IS NOT PERMITTED WITHOUT WRITTEN APPROVAL FROM QAI. ANY LIABILITY ATTACHED THERETO IS LIMITED TO THE FEE CHARGED FOR THE INDIVIDUAL PROJECT FILE REFERENCED. THE RESULTS OF THIS REPORT PERTAIN ONLY TO THE SPECIFIC SAMPLE(S) EVALUATED.

**CLIENT:**

MTJ American  
4276 Helena Street  
PO Box 826  
Granite Falls, NC 28630

**Test Report No: TJ0665-2**

**Date: June 27, 2012**

**SAMPLE ID:** The test samples are identified as DVS452575P-Vinyl covered detention mattress with clear or pigmented vinyl fabric and densified polyester fiber core

**SAMPLING DETAIL:** Test samples were submitted to the laboratory directly by the client. No special sampling conditions or sample preparation were observed by QAI.

**DATE OF RECEIPT:** Samples were received at QAI on June 13, 2012

**TESTING PERIOD:** June 25, 2012

**AUTHORIZATION:** Signed Work Order by Rick Detter

**TEST PROCEDURE:** 16 CFR 1633, Test Configuration B. Requirements and Test Procedure for Resistance of a Mattress and/or Mattress Box Spring Set to a Large Open-Flame.

**TEST RESULTS:** The samples meet the criteria of 16 CFR 1633. Detailed test results are presented in the subsequent pages of this report.

**Prepared By**

**Signed for and on behalf of  
QAI Laboratories, Inc.**



Gregory Ertel  
Fire Test Technician



J. Brian McDonald  
Operations Manager





**RESULTS:**

**Sample:** DVS452575P- Vinyl covered detention mattress with clear or pigmented vinyl fabric and densified polyester fiber core

**Test Date:** June 25, 2012

**Data:**

<u>Measurement Type</u> <sup>A</sup>	<u>Initial Value</u>	<u>Maximum Value</u>	<u>Time Occurred</u>	<u>Allowed Value</u>	<u>Pass / Fail</u>
Ceiling Temp (°F)	78	86	0:00:38	-	-
Heat Release Rate (kW)	0	27	0:01:05	200	PASS
Total Heat Release – First 10 Min (MJ)	0	3.2	0:10:00	15.0	PASS

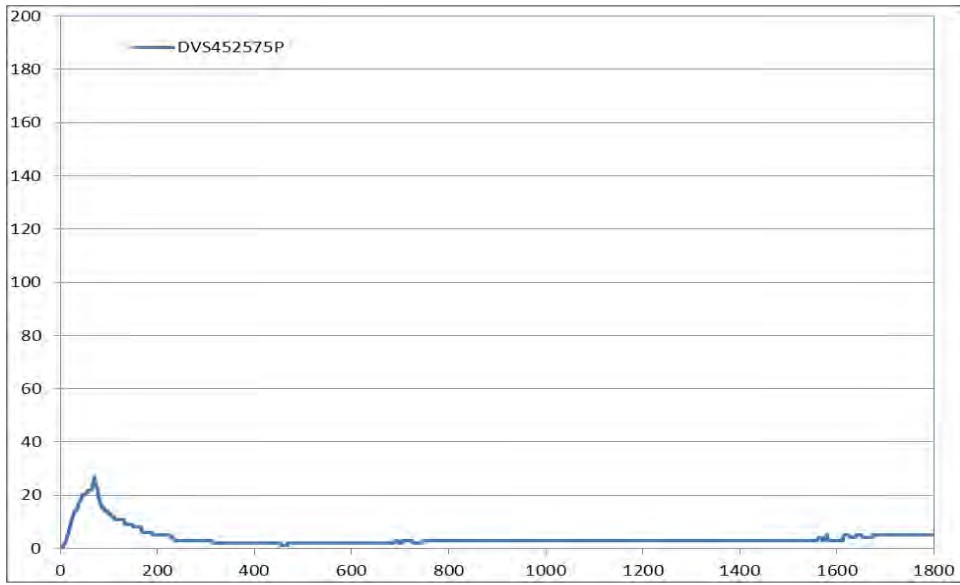
Total Test Time, (hr:min:sec): 0:30:00

Please reference Figure 1 and 2 for graphical representation of the Heat Release Rate Value and Total Heat above.

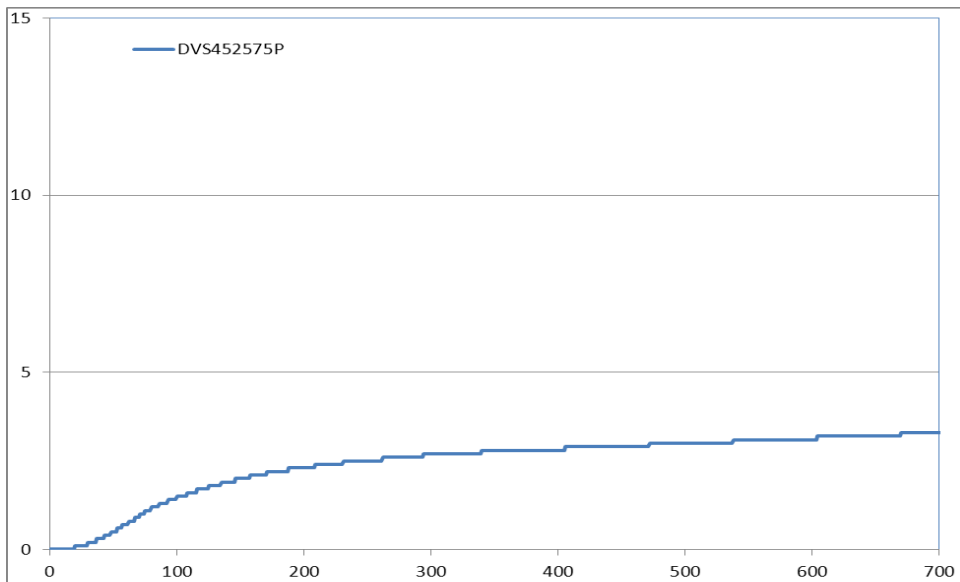
**OBSERVATIONS:**

- 9:26am – Start of Test
- 9:27am – Burners removed
- 9:28am – Flames on panel and border
- 9:38am – Candle flames remain on panel
- 9:48am – No signs of smoke or flames on mattress
- 9:56am – End of Test

**GRAPHICAL RESULTS:**



**Figure 1. Heat Release vs. Time Graph**



**Figure 2. Total Heat vs. Time Graph**

THIS REPORT IS THE CONFIDENTIAL PROPERTY OF THE CLIENT ADDRESSED. THE REPORT MAY ONLY BE REPRODUCED IN FULL. PUBLICATION OF EXTRACTS FROM THIS REPORT IS NOT PERMITTED WITHOUT WRITTEN APPROVAL FROM QAI. ANY LIABILITY ATTACHED THERETO IS LIMITED TO THE FEE CHARGED FOR THE INDIVIDUAL PROJECT FILE REFERENCED. THE RESULTS OF THIS REPORT PERTAIN ONLY TO THE SPECIFIC SAMPLE(S) EVALUATED.

**PHOTOS:**



**PHOTO 1. Mattress Before Testing to 16 CFR 1633**



**PHOTO(s) 2. Mattress During Testing to 16 CFR 1633**



**PHOTO 3. Mattress After Testing to 16 CFR 1633**

\*\*\*\*\*

**End of Report**



TEST REPORT

**CLIENT:** MTJ American  
4276 Helena Street  
Granite Falls, NC 28630  
  
Attn: Rick Detter

<b>Test Report No:</b>	<b>654:032431-2</b>	<b>Date:</b>	<b>May 5, 2010</b>
------------------------	---------------------	--------------	--------------------

**SUBJECT:** Flammability Testing of Mattresses for Use in Public Buildings.

**SAMPLE ID:** Sample identified as "**Fusion Advantage Detention Mattress**" was received from the client on 4/28//10. The sample was received in good condition and was described by the manufacturer as containing the following items:

- **Sample Description:** TPU Nylon detention mattress with densified fiber core
- **Size:** 27" x 75" x 4.5"
- **Sample / Style No.:** Fusion Advantage Detention Mattress

**TEST REQUESTED:** The sample was tested in accordance with California Technical Bulletin 121. No revisions to this report will be allowed after 90 days of the report date.

**TEST DATE:** 5/4/10

**CONDITIONING:** Item conditioned as per Cal TB 121. Time Out of Conditioning Room: 10 minutes or less

**RESULTS:** Results can be found on the following pages and only apply to the sample tested.

**CONCLUSION:** The sample tested complies with the requirements of California Technical Bulletin 121.

**SIGNED FOR AND ON BEHALF OF  
SGS U.S. TESTING COMPANY INC.**

KSM

Terry Hurst  
Engineering Technician / Test Operator

J. Brian McDonald  
Fire Technology Department Manager

## Test Procedure and Results

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### PROCEDURE:

The sample and ignition source was conditioned before testing for 48 hours at 70°F ± 5°F and a relative humidity less than 55%.

The mattress was placed on a metal test frame, which was placed on an electronic scale inside a test room having dimensions of 10' X 12' with an 8' high ceiling. The mattress and frame were located on the wall opposite the doorway. The test was performed without bedding.

The ignition source was ten (10) double sheets of loosely wadded newspaper (dimensions, 23 x 28 in. and a weight of 18.5±.5 grams) placed in a metal container (dimensions: 10 in. x 12-1/2 in. x 9 in.). The ignition source was placed at the geometric center underneath the mattress. The mattress was adjusted so that the bottom surface of the mattress was 3±1/4 in. above the top of the ignition source.

After ignition, we monitored and recorded certain properties of the test procedure. These properties are weight change, carbon monoxide, and specified locations for temperature.

Temperature was measured directly over the specimen at 1 in. below the ceiling.

**RESULTS:**

**Sample:** Fusion Advantage Detention Mattress

**Test Date:** 5/4/10

**Data:**

<u>Measurement Type</u>	<u>Initial Value</u>	<u>Maximum Value</u>	<u>Time Occurred</u>	<u>Maximum Change</u>	<u>Maximum Allowable Change</u>	<u>Pass / Fail</u>
Ceiling Temperature (°F)	76	142	0:02:28	66	500	PASS
Weight (lbs.)	14.6	13.9	0:24:14	0.7	10	PASS
Carbon Monoxide Concentration (ppm)	0	163.7	0:18:55	163.7	1000	PASS

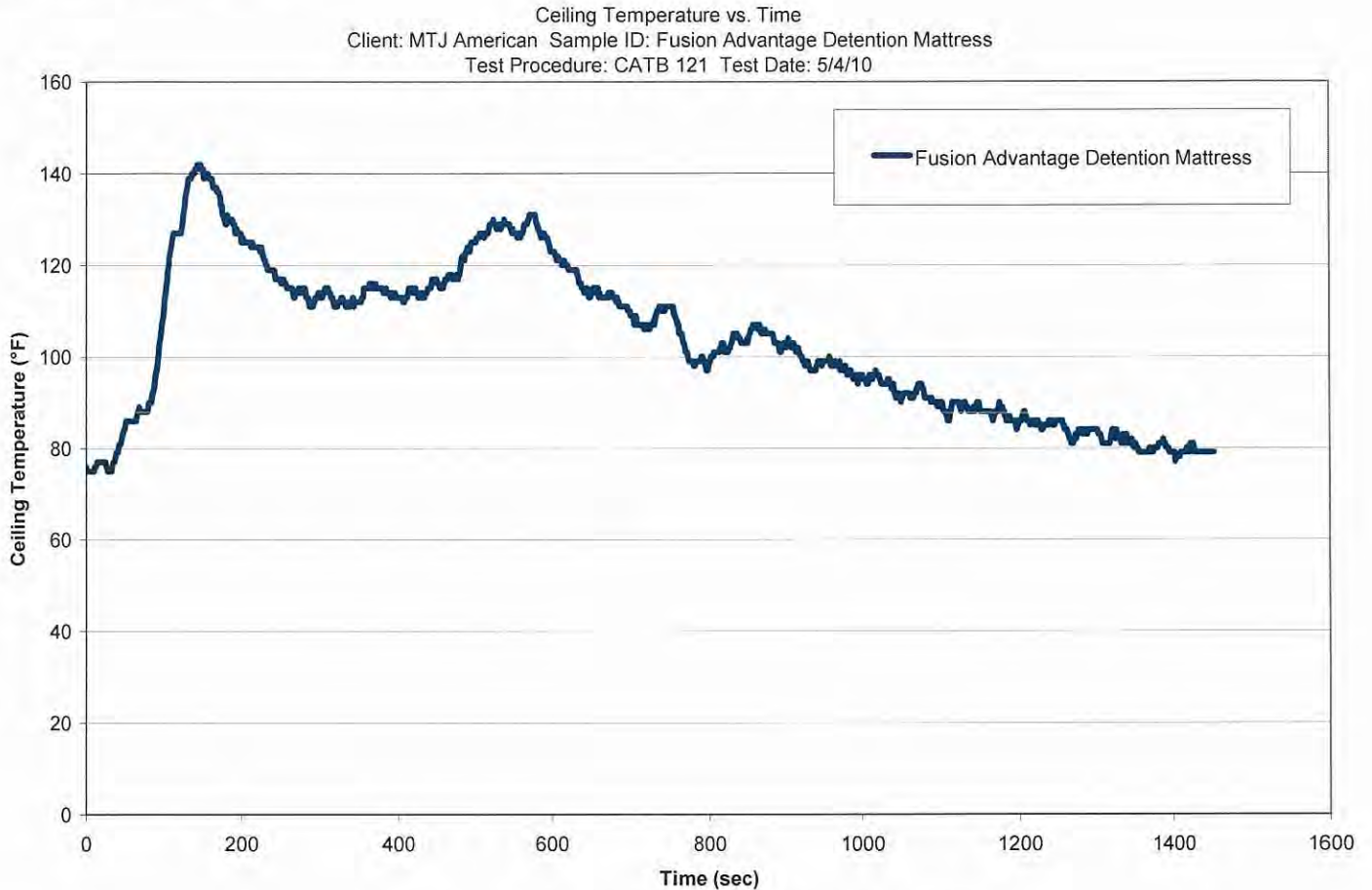
Total Test Time, (hr:min:sec): 0:24:14

Please reference Figure 1 and 2 for graphical representation of the Heat Release Rate Value and Total Heat above.

**OBSERVATIONS:**

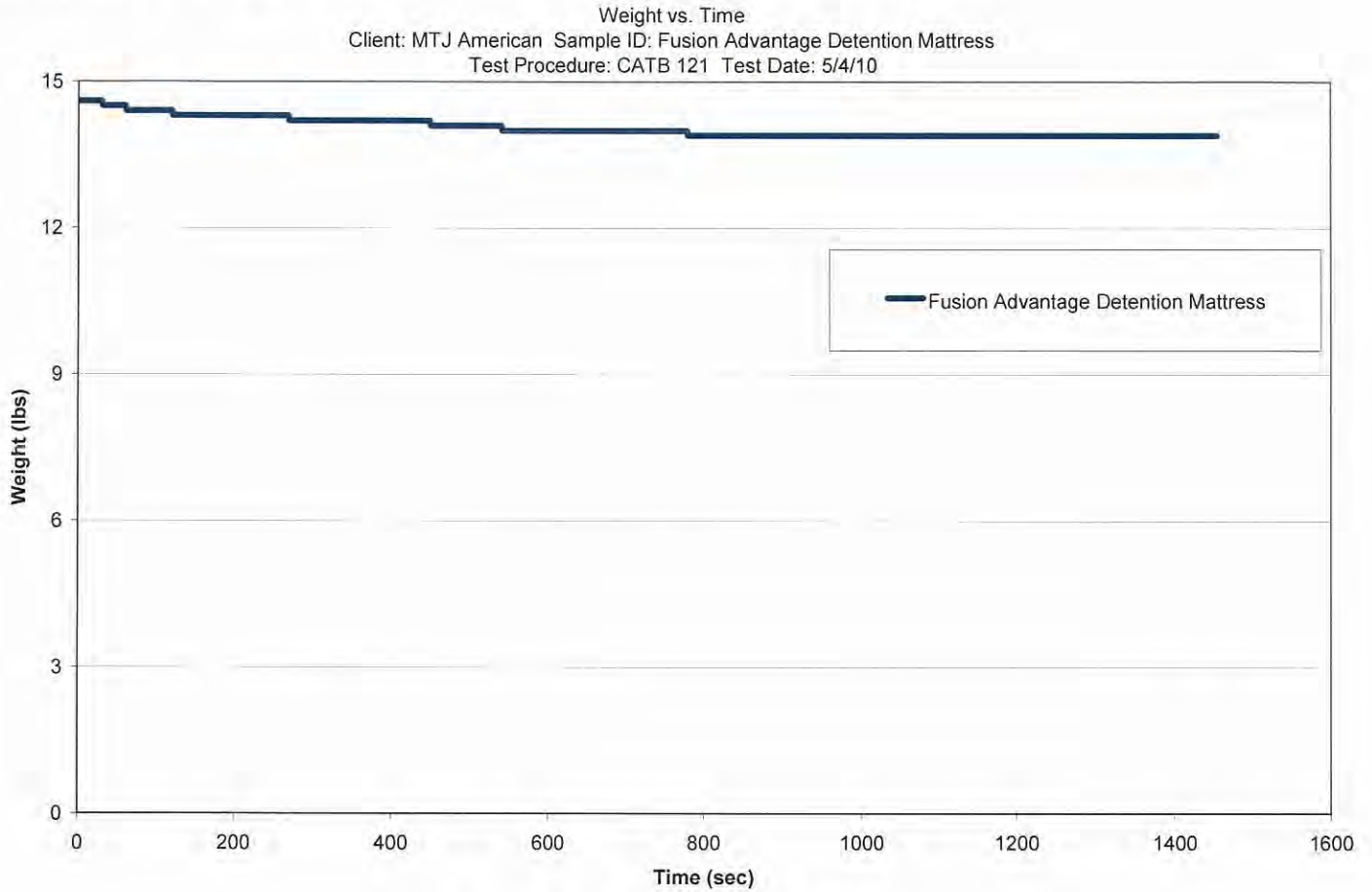
- 8:49am – Start of Test
- 8:50am – Flames increasing
- 8:51am – Hole burned through mattress
- 8:53am – Flames decreasing
- 9:14am – End of Test

**GRAPHICAL RESULTS:**



**Figure 1. Ceiling Temperature vs. Time Graph**

**GRAPHICAL RESULTS: (Cont.)**



**Figure 2. Weight vs. Time Graph**



GRAPHICAL RESULTS: (Cont.)

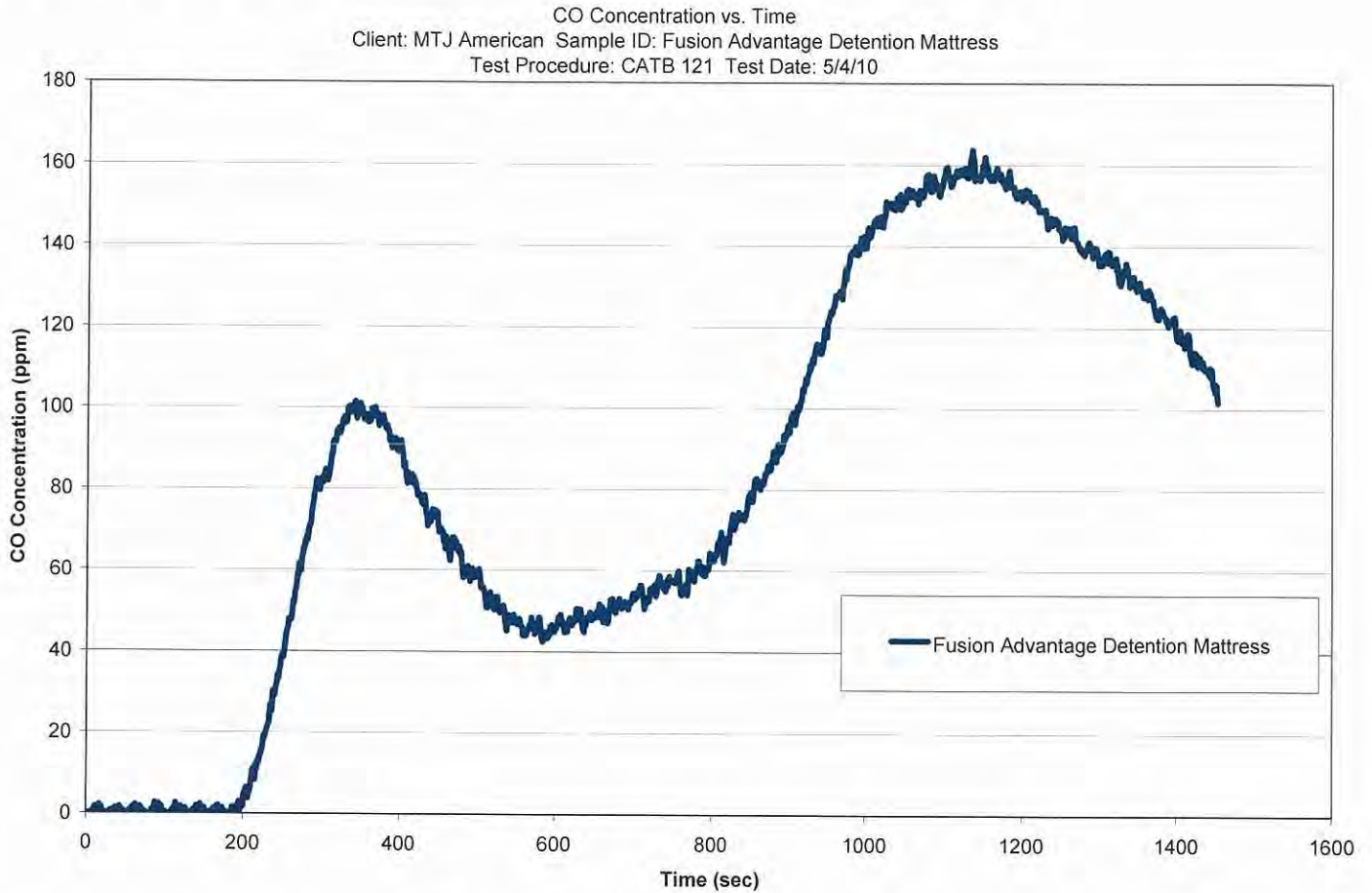


Figure 3. CO Concentration vs. Time Graph

**PHOTOS:**



**PHOTO 1. Mattress Before Testing to CATB 121**



**PHOTO 2. Mattress After Testing to CATB 121**

\*\*\*\*\*

**End of Report**

Page 7 of 7

This document is issued by the Company subject to its General Conditions of Service printed overleaf, available on request or accessible at [www.sgs.com/terms\\_and\\_conditions.htm](http://www.sgs.com/terms_and_conditions.htm) and, for electronic format documents, subject to Terms and Conditions for Electronic Documents at [www.sgs.com/terms\\_e-document.htm](http://www.sgs.com/terms_e-document.htm). Attention is drawn to the limitation of liability, indemnification and jurisdiction issues defined therein. Any holder of this document is advised that information contained hereon reflects the Company's findings at the time of its intervention only and within the limits of Client's instructions, if any. The Company's sole responsibility is to its Client and this document does not exonerate parties to a transaction from exercising all their rights and obligations under the transaction documents. This document cannot be reproduced except in full, without prior written approval of the Company. Any unauthorized alteration, forgery or falsification of the content or appearance of this document is unlawful and offenders may be prosecuted to the fullest extent of the law. Unless otherwise stated the results shown in this test report refer only to the sample(s) tested and such sample(s) are retained for 90 days only.

**PROJECT NUMBER:** 30161 08-96130.1  
**SAMPLE ID:** MEDICAL GRADE VINYL MATTRESS

**PAGE:** 1 of 6  
**DATE:** June 5, 2008

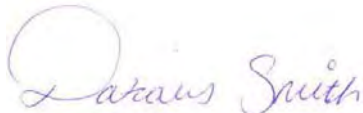
**STORK TWIN CITY TESTING CORPORATION**  
662 Cromwell Avenue  
St. Paul, Minnesota 55114

**OPEN FLAME EVALUATION CONDUCTED  
IN ACCORDANCE WITH**

**CALIFORNIA TECHNICAL BULLETIN 129  
“FLAMMABILITY TEST PROCEDURE FOR MATTRESSES FOR  
USE IN PUBLIC BUILDINGS”**

**Prepared for:**  
**MTJ American**  
**Attn: MR. KEVIN LEONARD**  
**1205 TRINITY STREET**  
**THOMASVILLE, NC 27361**

**Prepared by:**



**Darious Smith**  
**Engineering Technician**  
**Product Evaluation Services**

**Reviewed by:**



**Brent L. Larson**  
**Project Manager**  
**Product Evaluation Services**  
**Phone: (651) 659 - 7218**

**The test results contained in this report pertain only to the samples submitted for testing and not necessarily to all similar products.**

**PROJECT NUMBER:** 30161 08-96130.1  
**SAMPLE ID:** MEDICAL GRADE VINYL MATTRESS

**PAGE:** 2 of 6  
**DATE:** June 5, 2008

**OPEN FLAME EVALUATION – CA T.B. 129**

**INTRODUCTION:**

This report presents the results of a full-scale open flame test conducted on the following:

PROJECT #:	30161 08-96130 MTJ AMERICAN		
TEST SEQUENCE #:	1		
TEST REQUESTOR: name: address:	KEVIN LEONARD 1205 Trinity P.O. Box 578 Thomasville NC 27361		
TEST CONFIGURATION:	Test Room - 12'x 10'x 8'		
PRODUCT MANUFACTURER or SUPPLIER:	MTJ AMERICAN		
PRODUCT ID MARKS & DESCRIPTION: Prototype ID:	MEDICAL GRADE VINYL MATTRESS		
MATTRESS: width x length x thickness (in): FOUNDATION: width x length x thickness (in): CONDITIONING ROOM: temp (°F) / R.H. (%): BURN ROOM: temp (°F) / R.H. (%): TIME LAPSE: condition room to burner ignition (min):	74.00 x 26.50 x 4.50 -- x -- x -- 76.0 / 50 70.0 / 55 5		
TOTAL INITIAL MASS (kg):	3.83		
TEST DATE:	06-05-2008		
COMMENTS:	TB-129		
Test Operator:	DARIOUS SMITH		
Witness:			
<b>Test Results</b>	<b>Data</b>	<b>Criteria</b>	<b>Pass/Fail</b>
Peak rate of heat release (kW):	27.6	100 kW	Pass
Time @ peak release (mm:ss):	02 : 47	--	-
Total heat released @ 10 min (MJ):	5.5	25.0 MJ	Pass
Total mass loss @ 10 min (kg):	0.1	1.4 kg (3.0 lbs)	Pass
Peak rate of smoke release (m³/s):	0.41	--	-
Time @ peak smoke (mm:ss):	01 : 59	--	-
Total smoke released @ 10 min (m³):	67.7	--	-

**PROJECT NUMBER:** 30161 08-96130.1  
**SAMPLE ID:** MEDICAL GRADE VINYL MATTRESS

**PAGE:** 3 of 6  
**DATE:** June 5, 2008

**TEST PROCEDURE:**

This test was conducted in accordance with California Technical Bulletin 129, a brief summary is detailed below:

The mattress was allowed to condition for at least 24 hours in conditions compliant with California technical bulletin 129 (temperature – 73°F ± 5°F / relative humidity – 50% ± 5%). The instrumentation was calibrated and zeroed prior to the evaluation. After the specimen was placed on the bed frame inside the test room the burner alignment procedure was performed. Data logging and video were obtained for 2 minutes prior to burner ignition.

The burner application time was 180 seconds. Upon completion of the flame application time, the burner unit was removed from the test room.

The test proceeded until either all combustion had ceased, 60 minutes had passed or the development of a fire of such size as to require suppression for the safety of the facility.

**REMARKS:**

Due to the nature of the test the specimen will be discarded upon completion of the procedure, unless otherwise requested.

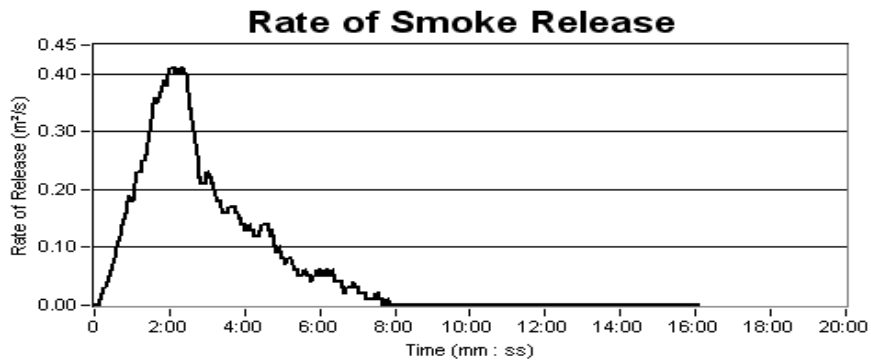
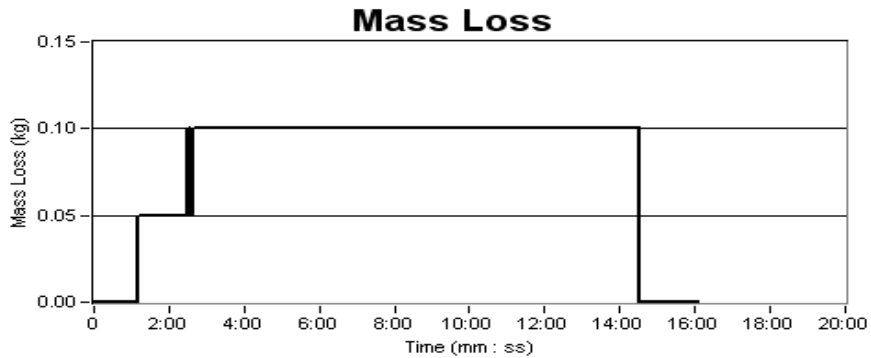
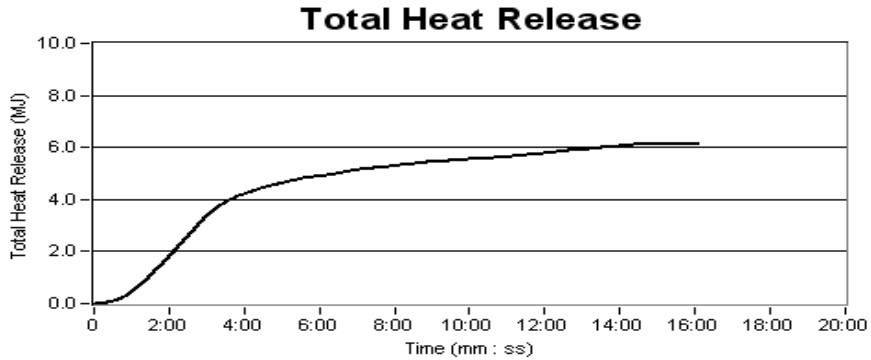
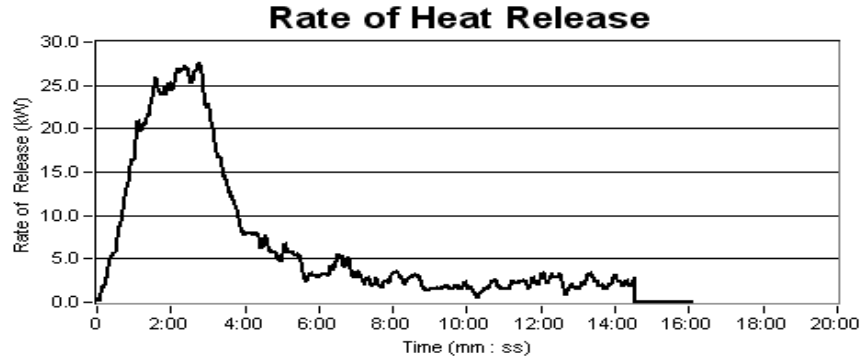
**OBSERVATIONS:**

<b>Time (mm : ss)</b>	<b>Observation</b>
00 : 00	Burner ON
02 : 24	Flaming Droplets
02 : 25	Flaming Droplets
02 : 28	Flaming Droplets
02 : 31	Flaming Droplets
02 : 41	Flaming Droplets
02 : 47	Flaming Droplets
03 : 00	Burner OFF
03 : 29	Flaming Droplets
03 : 38	Flaming Droplets
03 : 42	Flaming Droplets
06 : 04	Flaming Droplets
06 : 38	Flaming Droplets
06 : 39	Flaming Droplets
08 : 26	All signs of combustion have ceased
16 : 01	Test Completed

PROJECT NUMBER: 30161 08-96130.1  
SAMPLE ID: MEDICAL GRADE VINYL MATTRESS

PAGE: 4 of 6  
DATE: June 5, 2008

**GRAPHS:**



**PROJECT NUMBER: 30161 08-96130.1**  
**SAMPLE ID: MEDICAL GRADE VINYL MATTRESS**

**PAGE: 5 of 6**  
**DATE: June 5, 2008**

**PHOTOS: BEFORE TEST**



**PROJECT NUMBER: 30161 08-96130.1**  
**SAMPLE ID: MEDICAL GRADE VINYL MATTRESS**

**PAGE: 6 of 6**  
**DATE: June 5, 2008**

**PHOTOS: AFTER TEST**



**AFTER TEST**





96-D Allen Boulevard  
 Farmingdale, New York 11735-5626 USA  
 Tel. +1 (631) 293-8944 Fax +1 (631) 293-8956  
 e-mail: info@govmark.com

Received: 10/30/2006 Completed: 11/01/2006 Letter: A1 rb P.O.#: Test Report #: 2-64905-1-

Client's Identification: Style: FYC Sheeting Reinforced. Weight: 11 oz +/- 10%. - *ClearSafe*

Tested For: Key Test: NFPA 701-2004 TM#2 Flat 210

Tel: 1-(518)-731-2344 Ext:  
 Fax: 1-(518)-731-9480

PC: LH

TEST PERFORMED: NFPA 701 - Standard Methods of Fire Tests for Flame Propagation of Textiles and Films - 2004 Edition - Test Method #2 - Flat Sheet Specimens

SPECIMEN CONFIGURATION:  Single Layer;  Multi Layer

RESULTS REPORTED:  Initially  After 72 hours water leaching  
 After 3 dry cleanings  After 100 hours accelerated weathering  
 After 5 launderings @ 160°F

RESULTS:

Length Specimen #	Afterflame (seconds)	Drip Burn (seconds)	Char Length (mm)
1	0	0	230
2	0	0	230
3	0	0	230
4	0	0	250
5	0	0	250
6	0	0	240
7	0	0	270
8	0	0	220
9	0	0	240
10	0	0	250

APPROXIMATE WEIGHT OF MATERIAL (as measured by Govmark): 467 g/m<sup>2</sup>

FAILURE CRITERIA: For each individual specimen --

Afterflame	Drip Burn	Char Length
Exceeds 2.0 seconds	Exceeds 2.0 seconds	Exceeds 435 mm (17.1")

RETEST PROVISION: Test 5 additional specimens if only 1 specimen fails.

CONCLUSION: Based on the above Results and Failure Criteria, the item tested:

Passes;  Fails;  Requires testing of 5 additional specimens

CERTIFICATION: I certify that the above results were obtained after testing specimens in accordance with the procedures and equipment specified by NFPA 701 - 2004 Edition Test Method #2 Flat Sheet Specimens.

AUTHORIZED SIGNATURE  
 THE GOVMARK ORGANIZATION, INC. /jd

(Page 1 of 2)

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96-D Allen Boulevard  
 Farmingdale, New York 11735-6826 USA  
 Tel. +1 (631) 293-8944 Fax +1 (631) 293-8956  
 e-mail: info@govmark.com

Received: 10/30/2006	Completed: 11/01/2006	Letter: A1	rb	P.O.#:	Test Report #:	2-64905-1-
Client's Identification:	Style: PVC Sheeting Reinforced. Weight: 11 oz +/- 10%. Thickness: 15-16 mil. End Use Application: Personal Property Storage Bag.					
Tested For: Patrick J. Fitzgerald			Key Test: NFPA 701-2004 TM#2 Flat			210
Coxcraft 200 Route 9W South Coxsackie, NY 12051-0200			Tel: 1-(518)-731-2344		Ext:	
			Fax: 1-(518)-731-9480			

PRECONDITIONING:     1 hr @ 220°F (Standard)  
                            24 hrs @ 68±9°F (Alternate: Material shrinks/distorts @ 220°F)

REMARKS:  
 None.

CONVERSION FACTORS:  
 mm → 25.4 = inches  
 g/m<sup>2</sup> → 28.35 x .835 = oz/yd<sup>2</sup>

(Page 2 of 2)

The results contained in this report relate only to item(s) tested. The test report shall not be reproduced, except in full, without written approval from The Govmark Organization, Inc.

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FROM :

**DIVERSIFIED**

TESTING LABORATORIES, INC.

"We Test Per Your Request" →

336 WEST FRONT STREET  
 P.O. BOX 4004  
 BURLINGTON, NORTH CAROLINA 27215  
 PHONE (336) 227-7710 • FAX (336) 227-1175  
 www.diversifiedtestinglabs.com

May 13, 2005

Mr. Richard Cohen  
 CHEM-TICK COATED FABRICS, INC.  
 P.O. Box 930  
 Hicksville, NY 11802

Reference: Laboratory Test Report  
 Lab Identification No. 4230  
 Invoice No. 7032 (Attached)

Dear Mr. Cohen:

One (1) sample, identified as CLEAR-SAFE, was received and tested in accordance with the FIMS 191 test procedures outlined. The results are as follows:

<u>Test Procedures</u>	<u>Test Results</u>	
	<u>Length</u>	<u>Width</u>
Breaking Strength (lbf) Method 5100 (Grab)	123.0	109.0
Tearing Strength (lbf) Method 5134 (Tongue)	70.3+	60.3

If there are any questions or when we can be of further assistance, please let us know.

Sincerely,

Katon S. Matkins

KSM/mr  
 Attachment