



Carpet Installation Details Pro forma

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Carpet Manufacturer Details *(To be filled out by the Manufacturer)*

Manufactured By _____

Carpet installation requesting acceptance without testing by reference to the CSIRO Certificate of Assessment No:2593 and Fire Engineering Assessment CSIRO Report FE3026-RPT-01 (Rev B).

Carpet Details

Carpet Name _____

ACCS Registered Carpet Quality Number _____ *(if applicable)*

Pile Type: Cut Loop Cut/Loop

Fibre Content _____ % Wool (Min 80%)

_____ % Nylon (Max 20%)

Total Pile Mass _____ (g/m²) (Range 1060-3000 g/m²)

I have read and accepted the conditions which apply to my use of the CSIRO report and certificate, as set out in the Carpet Institute document accompanying this form.

Signed _____ Date: _____

Manufacturer _____

ACCS Licence No _____

This pro forma is issued by the Carpet Institute of Australia Limited (CIAL) but completed by the Manufacturer and the Building Permit Applicant. CIAL does not in any way warrant or represent that the Carpet or Installation, the subject of this pro forma, conforms to the Building Code of Australia, nor does it accept any liability arising out of the use of the Carpet or the Installation. The CIAL has not validated any of the information supplied by the Manufacturer or the Building Permit Applicant in this application and does not guarantee, warrant or represent that it is correct, accurate or reliable. Any interested party should undertake its own enquiries as to the accuracy, sufficiency and suitability of such information.

Carpet Installation Details *(To be filled out by the Permit Applicant)*

Installation Company _____

Location of Carpet Installation _____

Method of Installation & Underlay Type *(Select one underlay type only)*

Conventional	Direct Stick	Double Bond
<input type="checkbox"/> Rubber	<input type="checkbox"/> None	<input type="checkbox"/> Reconstituted Fibre
<input type="checkbox"/> Felt		<input type="checkbox"/> SBR Latex
<input type="checkbox"/> Reconstituted Fibre		<input type="checkbox"/> Rebonded Foam
<input type="checkbox"/> Rebonded Foam		

Minimum Critical Radiant Flux (CRF) value obtained for this carpet system according to the Certificate of Assessment _____ kW/m²

Installation Details

Building Class/Sub-class _____

Unsprinklered Sprinklered Fire Isolated

Minimum CRF requirement for this installation according to BCA Specification C1:10: _____ kW/m²

I certify that the carpet detailed in this application will be installed as indicated at the specified location.

I have read and accepted the conditions which apply to my use of the CSIRO report and certificate, as set out in the Carpet Institute document accompanying this form.

Signed _____ Date: _____

Building Permit Applicant _____