



UL-U370 Two-Hour Fire Wall Field Test

Completed By _____

Date _____

Time _____

Builder Name _____

Development _____

Development Address _____

FRM Contractor _____

Building/Lot # _____

Truck Number _____

FRM Lead Installer _____

Equipment

Machine Make _____

Dry Gate Setting _____

Machine Model _____

Recycle Gate Setting _____

Material Air Pressure _____

Water PSI _____

Material Hose Length _____

Water Tip Size _____

Material Hose Condition Poor Good New

Sample Collection

Number of Floors per Unit _____ Sq. Ft. of Walls per Floor _____ Sq. Ft. of Walls per Unit _____

Identify each unit in accordance to the builder designation. Take one core sample per floor.

Unit #												
Floor #												
Sample #	1	2	3	4	5	6	7	8	9	10	11	12
Sample Wt (grams)												
Wall Probe Reading (Wet - Dry/Wet)												
Installed Dry Density												

Notes _____



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