

APPLICATION FOR APPROVAL OF
FIRE PROTECTION MATERIALS

To : Nippon Kaiji Kyokai

Date:

Applicant:
(Company Name)
(Address)
(TEL/FAX/E-mail)
(Person in charge)

(Signature)

We hereby request you to approve the fire protection materials described below in accordance with the relevant requirements of Part R of Rules for the Survey and Construction of Steel Ships.

Fire Protection Material	Rating	Application
<input type="checkbox"/> Non-combustible materials		
<input type="checkbox"/> "A" class divisions	<input type="checkbox"/> A-60 <input type="checkbox"/> A-30 <input type="checkbox"/> A-15 <input type="checkbox"/> A-0	<input type="checkbox"/> Bulkheads <input type="checkbox"/> Decks <input type="checkbox"/> Fire-retardant doors <input type="checkbox"/> Windows <input type="checkbox"/> Fire dampers <input type="checkbox"/> Pipe & duct penetrations <input type="checkbox"/> Cable penetrations
<input type="checkbox"/> "B" class divisions	<input type="checkbox"/> B-15 <input type="checkbox"/> B-0	<input type="checkbox"/> Bulkheads <input type="checkbox"/> Decks <input type="checkbox"/> Fire-retardant doors <input type="checkbox"/> Linings <input type="checkbox"/> Ceilings <input type="checkbox"/> Windows <input type="checkbox"/> Fire dampers <input type="checkbox"/> Pipe & duct penetrations <input type="checkbox"/> Cable penetrations
<input type="checkbox"/> Continuous "B" class divisions	<input type="checkbox"/> B-15 <input type="checkbox"/> B-0	<input type="checkbox"/> Continuous linings <input type="checkbox"/> Continuous ceilings
<input type="checkbox"/> Fire retardant base materials		<input type="checkbox"/> Ceilings <input type="checkbox"/> Linings <input type="checkbox"/> Draft stops <input type="checkbox"/> Grounds
<input type="checkbox"/> Fire retardant veneers		<input type="checkbox"/> Non-combustible and Fire-retardant base materials <input type="checkbox"/> Non-combustible base materials <input type="checkbox"/> Fire-retardant base materials
<input type="checkbox"/> Fire retardant surface floorings		
<input type="checkbox"/> Primary deck coatings		
Manufacturer's Designation		
Manufacturer (Company name) (Address) (TEL/FAX/E-mail) (Person in charge, Section/Dept.)		

Attached Data:

- Historical record of the company
- Outline of the facilities of works
- Copy of certificate or document of compliance on the company's quality control system, if applicable.
(both of the applicant and the manufacturer)
- Constituent materials and their properties
- Specifications of the products including detail drawings
- Test reports of the required fire tests;
 - Non-combustibility test Test for "A" and "B" class divisions Test for Continuous "B" class divisions
 - Smoke and toxicity test Test for surface flammability Test for Primary Deck Coverings
- Record of services
- Marking (Label, etc.)
- Others

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