

Number of pages in this package ____ [including additional pages ____]
 (Fill in when using printed copy as record)

CLIENT INFORMATION	
Company Name	AEROSEAL LLC
Address	7989 South Surburban Rd Centerville, OH 45458 United States

AUDIT INFORMATION:		
Description of Tests	Per Standard No.	Edition/ Revision Date
<input checked="" type="checkbox"/> Tests Conducted by +	_____	Kamolpat Chaijenkij Signature
	Printed Name	Signature
<input type="checkbox"/> UL Staff conducting or witnessing testing (WTDP, TMP, WMT only)		
<input type="checkbox"/> UL Staff supervising UL Staff in training		
<input type="checkbox"/> Authorized Signatory (CTDP, TPTDP, TCP, PPP, SMT)	_____	Signature. Include date for CTDP, TPTDP, TCP, PPP, WMT, TMP, SMT
	Printed Name	Signature
Reviewed and accepted by qualified Project Handler	_____	Signature
	Printed Name	Signature

TESTS TO BE CONDUCTED:			
Test No.	Done+++	Test Name	<input type="checkbox"/> Comments/Parameters <input type="checkbox"/> Tests Conducted by ++
1	2013-08-06	MOLD GROWTH TEST	

Instructions -
 + - When all tests are conducted by one person, printed name and signature can be inserted here instead of including printed name and signature on each page containing data. Must indicate number of pages in the data package.
 ++ - When test conducted by more than one person, printed name and signature of person conducting the test can be inserted next to the test name instead of including printed name and signature on each page containing data. Test dates may be recorded here instead of entering test dates on the individual datasheet pages. Must indicate number of pages in the data package.
 +++ - Use of this field is optional and may be employed differently. If used to include a date instead of entering the testing date on the individual datasheet pages, the date shall be the date the test was conducted.

Description of Tests	Per Standard No.	Edition/ Revision Date
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Tested by: _____

Date _____

Printed Name

Signature

TEST LOCATION: (To be completed by Staff Conducting the Testing)					
<input checked="" type="checkbox"/> UL or Affiliate	<input type="checkbox"/> WTDP	<input type="checkbox"/> CTD	<input type="checkbox"/> TPTDP	<input type="checkbox"/> TCP	<input type="checkbox"/> PPP
	<input type="checkbox"/> WMT	<input type="checkbox"/> TMP	<input type="checkbox"/> SMT		
Company Name: UL LLC					
Address: NBK					

TEST EQUIPMENT INFORMATION

UL test equipment information is recorded on Meter Use in UL's Laboratory Project Management (LPM) database.

UL test equipment information is recorded on <<insert location and local laboratory equipment system identification.>>

Inst. ID No.	Instrument Type	Test Number +, Test Title or Conditioning	Function /Range	Last Cal. Date	Next Cal. Date

+ - If Test Number is used, the Test Number must be identified on the data sheet pages or on the Data Sheet Package cover page.

The following additional information is required when using client's or rented equipment, or when a UL ID Number for an instrument number is not used. The Inst. ID No. below corresponds to the Inst. ID No. above.

Inst. ID No.	Make/Model/Serial Number/Asset No.

Tested by: _____

Date _____

Printed Name

Signature

TEST SAMPLE IDENTIFICATION:

The table below is provided to establish correlation of sample numbers to specific product related information. Refer to this table when a test identifies a test sample by "Sample No." only.

Sample Card No.	Date Received	<input type="checkbox"/> Test No.+	Sample No.	Manufacturer, Product Identification and Ratings
1634801	05-17-13	1		DuctSeal

+ - If Test Number is used, the Test Number or Numbers the sample was used in must be identified on the data sheet pages or on the Data Sheet Package cover page.

Sampling Procedure -

This document contains data using color and if printed, should be printed in color to retain legibility and the information represented by the color.

Tested by: _____

Date _____

Printed Name

Signature

MOLD GROWTH TEST

METHOD

In accordance with UL 181A, Third Edition, Part III, Section 33

Manufacturer's Application Rate: 0.068 grams per sq. in.

Manufacturer's Recommended Set Time: 24 hours

Three specimens are to be made by applying mastic to a sterile petri dish at the approximate manufacturer's recommended application rate. The specimens are to be dried at 73.4 ±3.6°F (23 ±2°C) and 50 ±5 percent relative humidity for the manufacturer's recommended set time.

Mold mycelia and spores from Chaetomium Globosium were applied to the surface of the mastic specimens. The specimens were placed under dark conditions until the maximum extent of growth had been demonstrated, or until the mold and spores had disintegrated, but not less than 60 days.

RESULTS

Any evidence of mold spread beyond the inoculated area? [Yes] [No]

Any significant growth of mold observed? [Yes] [No]

[PASS] [~~FAIL~~]

Comments: Please see below for details.

Tested by: _____

Date _____

Printed Name

Signature

MOLD GROWTH TEST (CONT'D):

Date Started _____

Week Observed	Mold Growth?	Temperature, degrees F	Humidity, %	Comments

Tested by: _____

Date _____

Printed Name

Signature

MOLD GROWTH AND HUMIDITY TEST (per UL 181 – tenth edition)**Inoculum Characterization:**

Prep Date: 2013-06-06

The inoculum should consist ideally with 1,000,000 + 200,000 spores of *Chaetomium globosum* per mL. The appropriate dilution of the spore count was made according to the following:

Fungi (ATCC No.)	Hemocytometer Count		No. of Spores/mL	mL in inoculum
<i>Chaetomium globosum</i> (6205)	47	x 25,000	1,175,000	85.11 ml

The appropriate amount of the spore suspension to be diluted up to 50 mL is determined by the following:

$$\text{mL of spore suspension} = \frac{(100 \text{ mL})(1,000,000 \text{ spores/mL})}{(1,175,000 \text{ Spores per mL})} = 85.11 \text{ mL.}$$

 **NA mL of the spore suspension was diluted up to 100 mL with deionized water.

** Inoculum was used as is. Dilution was not necessary.

Tested by: _____

Date _____

Printed Name

Signature

Mold Growth Test:

Viability Controls: Nutrient Salts Agar with sterilized filter paper on surface.

Inoculation 2013-06-06 *Viability Confirmed 2013-06-20 (14 days)
Date: _____ (Date): _____

**Inoculum viability shall be confirmed by the examination of the controls after 14 Days of incubation. Absence of copious growth requires repetition of the test.*

Incubation Time and Conditions	Specimens were placed in a closed vessel in an atmosphere saturated with water vapor maintained at room temperature under dark conditions for 60 days.
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Mold Growth Test Results

Date	No. of Days	Observation of Test Specimens & Controls
2013-06-21	15	No growth seen on samples or sample controls. Copious growth on viability controls.
2011-07-09	33	No growth seen on samples or sample controls. Copious growth on viability controls.
2011-07-22	46	No growth seen on samples or sample controls. Copious growth on viability controls.
2011-08-05	60	No growth seen on samples or sample controls. Copious growth on viability controls. Test Completed.

Upon completion of the 60-day exposure, the specimens are to be visually examined for extent of mold growth and for indications of deterioration of the specimen. Acceptable results are obtained if no significant mold growth or deterioration of the specimen occurs.

NOTES: There were no visible signs of growth and there were no indications of any deterioration of the samples. Specimens were examined using a stereoscope at 7X magnification to confirm growth.

Project No. 13CA22949

File MH49080

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Tested by: _____

Date _____

Printed Name

Signature

END OF DATASHEET PACKAGE. THIS PAGE INTENTIONALLY LEFT BLANK