



# INITIAL Test Results Report

Company Name \_\_\_\_\_

Product Brand Name & Model \_\_\_\_\_

449 15th Street, Suite 400 • Oakland, CA 94612 • Toll-free (866) 465-2523 • Fax (510) 482-4421 • www.coolroofs.org

**Note:** This form is for Initial Test Results only. Please use form CRRC-F-13 for Aged Test Results. The Licensee shall supply this form to the AITL with Section A completed. The AITL shall conduct the testing, complete section C, and return the completed form to the Licensee. Section B shall be completed only if the product is a Color Family Product. The Licensee shall submit the completed form and a completed Initial Product Rating Application (CRRC-F-3) to the CRRC.

**Section A; 1-8: Licensed Seller/Other Manufacturer and Product Information** (this section to be filled out by licensee prior to sending to Laboratory)

1. CRRC Licensed Seller/OM Company	2. CRRC License Seller/OM ID Number
3. Company Address	4. Contact Name
5. Email Address	
6. Phone Voice and Fax Voice _____ Fax _____	7. Product Type
8a. <i>For Field-Applied Coatings Only</i> Minimum Recommended Coating Dry Mil Thickness	8b. <i>For Single Ply Products Only</i> Overall Recommended Mil Thickness

**Section B; 9-14: Color Family Representative Element Information** (This section is only for *establishing* a Color Family for factory-applied metal coatings or factory-coated metals – skip if not applicable. See CRRC-1 Program Manual, Appendix 7 for details)

9. CRRC Color Family (from Table 1 in CRRC-1 Program Manual, Appendix 7)	
10. CRRC Approved Color Family Color Properties Ranges and Assigned Radiative Properties (from Table 1 in CRRC-1 Program Manual, Appendix 7): L range _____ - _____ a range _____ - _____ b range _____ - _____ Assigned SR _____ Assigned TE _____	
11. Formula Name/ Number	12. Resin or Material Type
13. <i>Measured Color Properties, using ASTM D2244</i> (see footnote <sup>1</sup> for equipment set-up): L range value _____ a range value _____ b range value _____	
14. The undersigned certifies that, to the best of his/her knowledge, the measurements contained herein are true and accurate (color measuring party or applicant if same):  _____ Signature of Responsible Person Printed Name of Responsible Person Date	

<sup>1</sup> Color Measurement Specification: 0°/45° Geometry with 10° observer, D65 light source and Hunter L,a,b color space



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## Section C; 15-20: Accredited Independent Testing Laboratory Initial Test Results and Signature (this section to be filled out by AITL only)

15. Laboratory Name _____			16. Lab Report ID (Initial Ratings) _____		
<b>17. Tested Initial Radiative Properties</b>					
17a. Temperature (°C) _____ Relative Humidity (%) _____					
<input type="checkbox"/> All specimens meet size requirements specified in the CRRC-1 Program Manual Section 3.0					
17b.-17d.: If using CRRC-1 Test Method #1 (CRRC-1 Section 2.2.9), report <u>one</u> SR value per array (i.e. average calculated by CRRC-1 Excel tool). For all other SR test methods and for ALL TE test methods, report three values per array (nine total values).					
17b. <i>Group A</i>		17c. <i>Group B</i>		17d. <i>Group C</i>	
MFR. Batch # _____		MFR. Batch # _____		MFR. Batch # _____	
<u>Panel ID</u>	<u>Solar Reflectance</u>	<u>Thermal Emittance</u>	<u>Panel ID</u>	<u>Solar Reflectance</u>	<u>Thermal Emittance</u>
1. _____	_____	_____	1. _____	_____	_____
2. _____	_____	_____	2. _____	_____	_____
3. _____	_____	_____	3. _____	_____	_____
17e. Average for all initial tests (2 decimal places): Solar Reflectance (SR) _____ Thermal Emittance (TE) _____					
17f. Rough Surfaced or Presumed Non-Variegated Roofing Product Five Point Reflectance Test Results: (See ANSI/CRRC S100 section S2.2C) _____ Average Reflectance _____					
17g. Air mass of 1.5 used in reflectance measurements <input type="checkbox"/> (check box to confirm)					
<b>18. Select One</b>					
<input type="checkbox"/> Coating Thickness, D1005 (Field-Applied Coatings only, see box 8a)					
<input type="checkbox"/> Coating Thickness, D7091 (Field-Applied Coatings only, see box 8a)					
<input type="checkbox"/> Overall Thickness, D751 (Single Ply Products only, see box 8b)					
<b>18a. 20% tolerance range of field-applied coating manufacturer recommendation thickness (see box 8a):</b>					
(low) _____ mils to (high) _____ mils					
<b>18b. 20% tolerance range of single ply manufacturer recommendation thickness (see box 8b):</b>					
(low) _____ mils to (high) _____ mils					
Panel ID _____	Thickness	Panel ID _____	Thickness	Panel ID _____	Thickness
1. _____	_____	1. _____	_____	1. _____	_____
2. _____	_____	2. _____	_____	2. _____	_____
3. _____	_____	3. _____	_____	3. _____	_____
4. _____	_____	4. _____	_____	4. _____	_____
5. _____	_____	5. _____	_____	5. _____	_____
Batch Ave. _____		Batch Ave. _____		Batch Ave. _____	



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<input type="checkbox"/> <b>Within 20% Tolerance Range</b>  Panel ID _____ Thickness 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Batch Ave. _____ <input type="checkbox"/> <b>Within 20% Tolerance</b>	<input type="checkbox"/> <b>Within 20% Tolerance Range</b>  Panel ID _____ Thickness 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Batch Ave. _____ <input type="checkbox"/> <b>Within 20% Tolerance Range</b>	<input type="checkbox"/> <b>Within 20% Tolerance Range</b>  Panel ID _____ Thickness 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Batch Ave. _____ <input type="checkbox"/> <b>Within 20% Tolerance Range</b>
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<b>19. Tests conducted:</b> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 60%;"><u>Type</u></th> <th style="text-align: left;"><u>Initial Test Date</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> E903 Test</td> <td>Date _____</td> </tr> <tr> <td><input type="checkbox"/> E1918 Test</td> <td>Date _____</td> </tr> <tr> <td><input type="checkbox"/> C1549 Test</td> <td>Date _____</td> </tr> <tr> <td><input type="checkbox"/> CRRC-1 Method #1</td> <td>Date _____</td> </tr> <tr> <td style="padding-left: 20px;"><input type="radio"/> Tile</td> <td>Date _____</td> </tr> <tr> <td style="padding-left: 20px;"><input type="radio"/> Wood</td> <td>Date _____</td> </tr> <tr> <td style="padding-left: 20px;"><input type="radio"/> Variegated</td> <td>Date _____</td> </tr> <tr> <td><input type="checkbox"/> CRRC Tile Template Method</td> <td>Date _____</td> </tr> <tr> <td><input type="checkbox"/> C1371 Test</td> <td>Date _____</td> </tr> <tr> <td><input type="checkbox"/> Slide Method</td> <td>Date _____</td> </tr> <tr> <td><input type="checkbox"/> D1005 Test</td> <td>Date _____</td> </tr> <tr> <td><input type="checkbox"/> D2244 Test</td> <td>Date _____</td> </tr> <tr> <td><input type="checkbox"/> D751 Test</td> <td>Date _____</td> </tr> </tbody> </table>	<u>Type</u>	<u>Initial Test Date</u>	<input type="checkbox"/> E903 Test	Date _____	<input type="checkbox"/> E1918 Test	Date _____	<input type="checkbox"/> C1549 Test	Date _____	<input type="checkbox"/> CRRC-1 Method #1	Date _____	<input type="radio"/> Tile	Date _____	<input type="radio"/> Wood	Date _____	<input type="radio"/> Variegated	Date _____	<input type="checkbox"/> CRRC Tile Template Method	Date _____	<input type="checkbox"/> C1371 Test	Date _____	<input type="checkbox"/> Slide Method	Date _____	<input type="checkbox"/> D1005 Test	Date _____	<input type="checkbox"/> D2244 Test	Date _____	<input type="checkbox"/> D751 Test	Date _____	<b>20. The undersigned certifies that, to the best of his/her knowledge, the measurements contained herein are true and accurate:</b>  _____ AITL Responsible Person's Printed Name  _____ AITL Responsible Person's Signature                      Date
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*A facsimile, emailed or electronically delivered copy of this Application or of a signature of a party will be effective as an original*