FSTL External Customer Testing Guidelines

Please read and follow the steps in order ensure the testing process with FSTL progresses smoothly.

1. Fill out a form for each test / position in vehicle. Form 16 - External Customer Artifact Test Request Work Order Form. Found on our website → https://www.freedmanseating.com/wp-content/uploads/2021/03/FSTL-Form_016_Ex-Cust-Artifact-Test-Request-Work-Order-Form.xls will need to be filled out by the customer for each artifact test providing as much information as possible (i.e. hardware to secure seats, floor and wall reinforcements) on the form.
2. Provide a layout drawing of the test fixture that indicates the overall dimensions of the test fixture as well as showing where in the test fixture seats will be mounted. **Note: Shipping test buck on flatbed per company policy. No enclosed trailers. Dimensions of the test fixture must not exceed 8.5' wide by 10' tall by 18' long and/or exceed 5,000 lbs.**
3. A test fixture that is representative of a vehicle must be mounted on 2 rigid beams (approx. 6-8" tall), spaced 3 to 6 ft apart and extending approx. 12" behind the vehicle. Tubes called "**shipping risers**" (3" x 4" x 0.25") shall be placed at the front and rear of the buck, with at least 4 total. We will also need the approximate weight of the vehicle and the approximate center of gravity from the front. See drawings attached. **Note: All test fixtures shall arrive for testing with the seats installed.**
4. To provide enough time for customer installation of seats prior to submitting the test fixture, the seats should be ordered 4-6 weeks prior to actual date of tests. Contact FSC sales directly and place the seat order themselves.
5. FSTL's position is that there is no substitute for the customer's insight into their own vehicle and strongly suggests that customers have an engineering representative present during the testing should any issues arise the day of setup and testing. **Note: FSTL will act solely based on decisions made by the designated test requestor.**
6. The customer has read, understood and agrees to the above guidelines.

Signature _____ Date_____

FSTL Contacts:

Matt Pollard **Matt.Pollard@lci1.com** Phase 1. Pre-test contact. Test Requests, Test Setup, testing plan, and vehicle section verification. Ordering Seats for Testing.

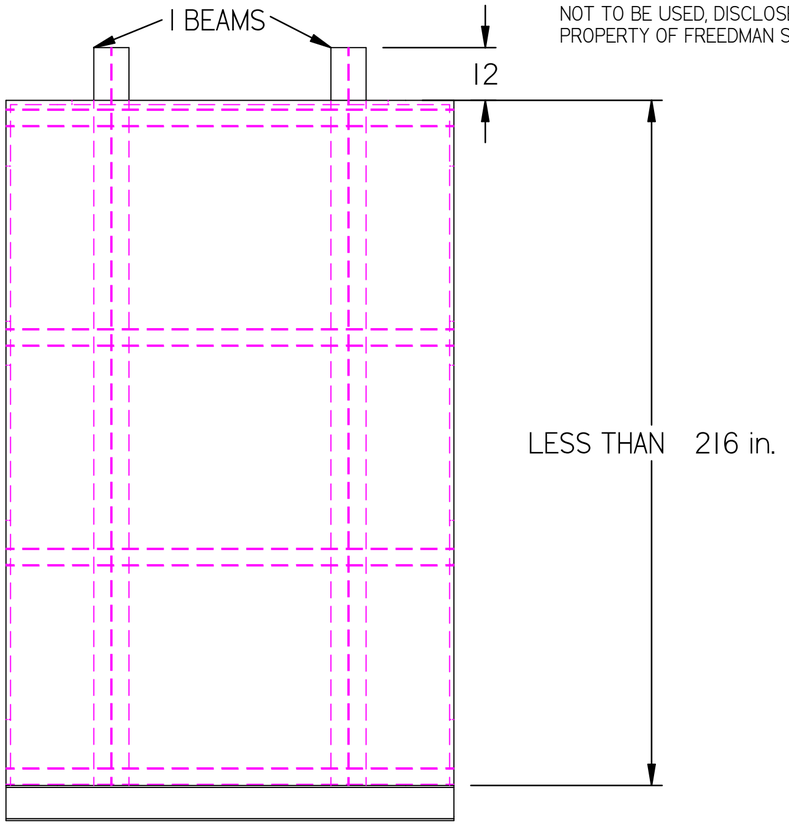
Michael Castrejon **Michael.Castrejon@lci1.com** Phase 2. Review Test Requests, review Test Setup, review testing plan, and review vehicle section verification. Vehicle section shipping and receiving.

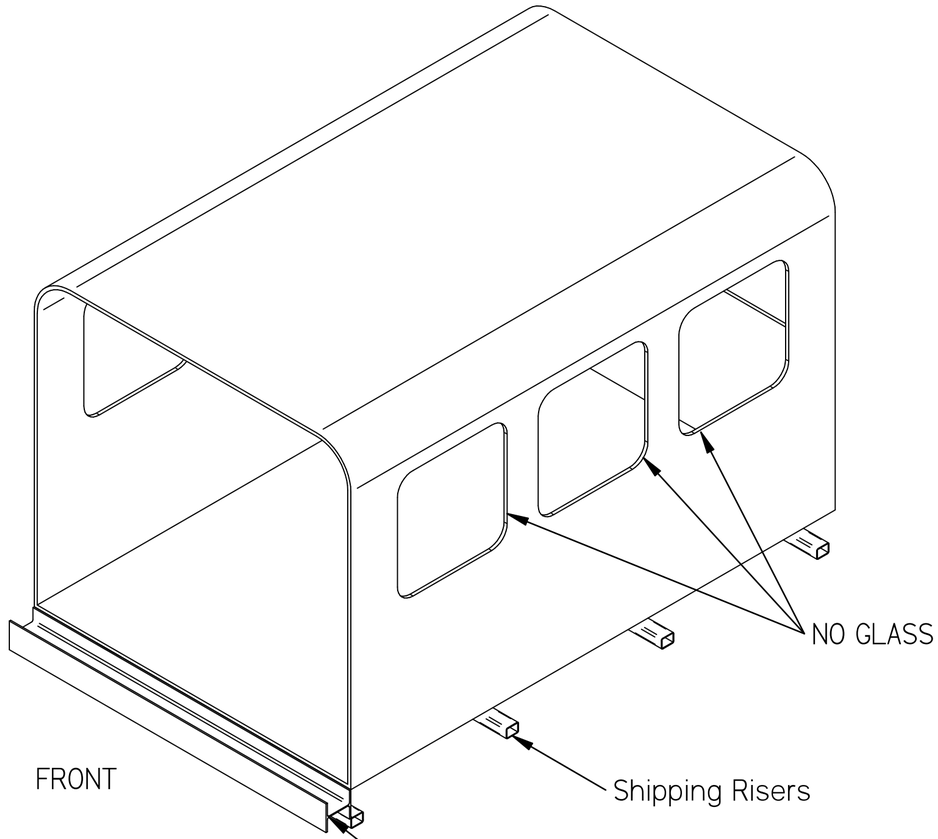
Dave O'Malley **davido@freedmanseat.com** During test contact. Questions regarding test standards, test procedures, deviations to requests, modifications to vehicles and testing plan.

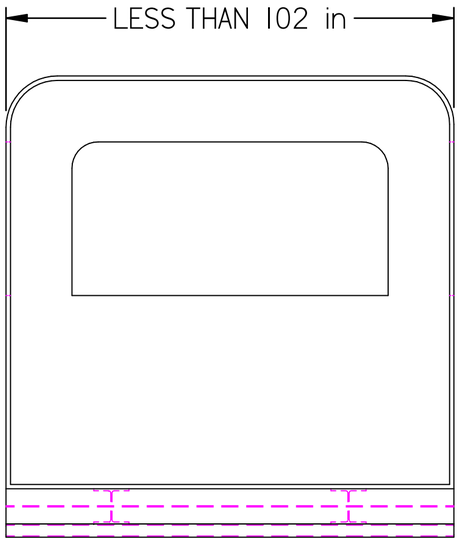
Miguel Flores **miguelf@freedmanseat.com** During testing contact. Performing Tests, questions regarding test standards, test procedures, & conducting tests.

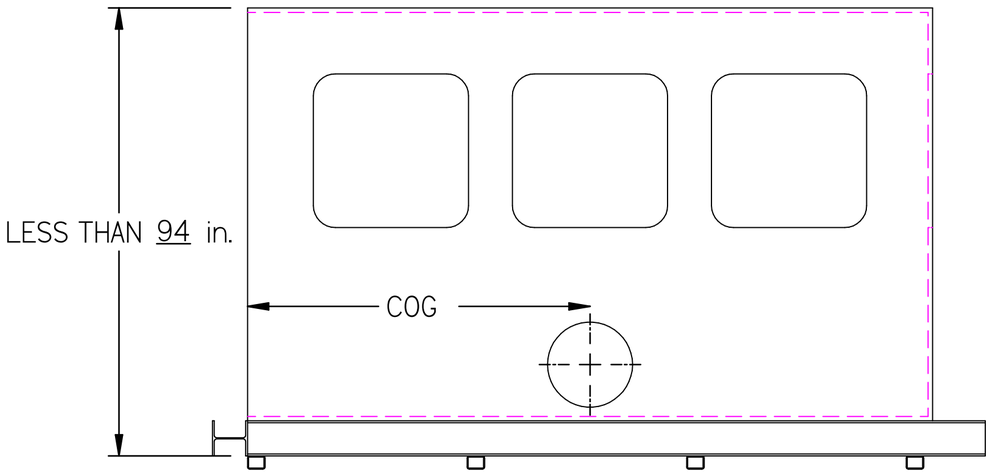
Shipping Address: Freedman Seating Test Lab, 4544 W Chicago Ave, Chicago, Il 60651

REV.	DATE	ECN	DESCRIPTION	BY	CHK'D.	APP'D.









NOTES:
1) NO GLASS
2) WEIGHT LIMIT : 5,000 LBS
3) MINIMUM 4 TUBES (4" x 3" x 0.25") FROM FRONT TO REAR
4) WEIGHT: _____LBS.
5) LOCATION OF CENTER OF GRAVITY FROM THE FRONT: ____

Tolerances Unless Otherwise Specified:
Fraction: 1/X +/- 1/32"
Decimal: X.XX +/- 0.02"
X.XXX +/- 0.005"
Angular +/- 1 Degree

Unspecified Radii are 1/8"

DRAWING NAME:
BUCK REQUIREMENTS

MATERIAL:

SPECIFICATION:

Freedman Seating Co.
4545 W. Augusta Blvd
Chicago, IL 60651

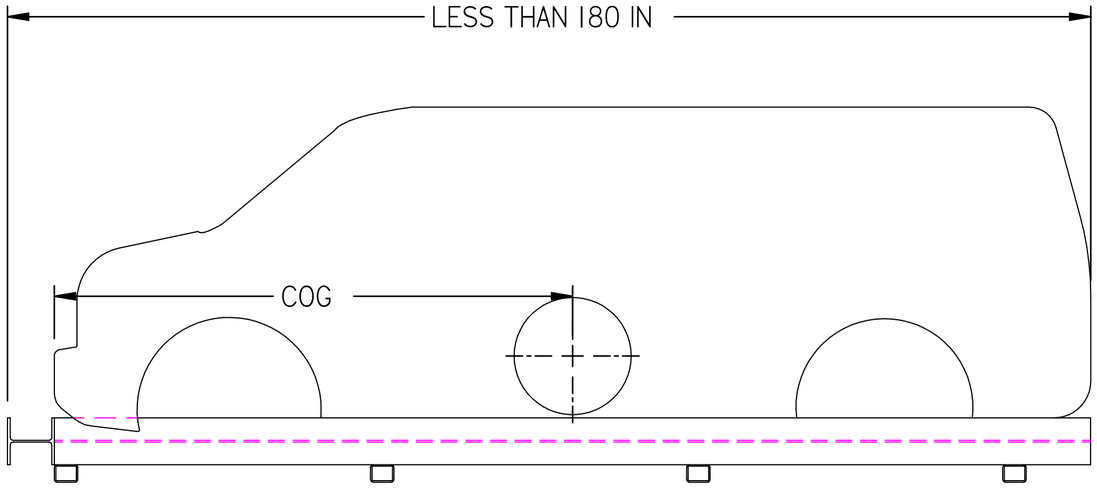
PROJECTION

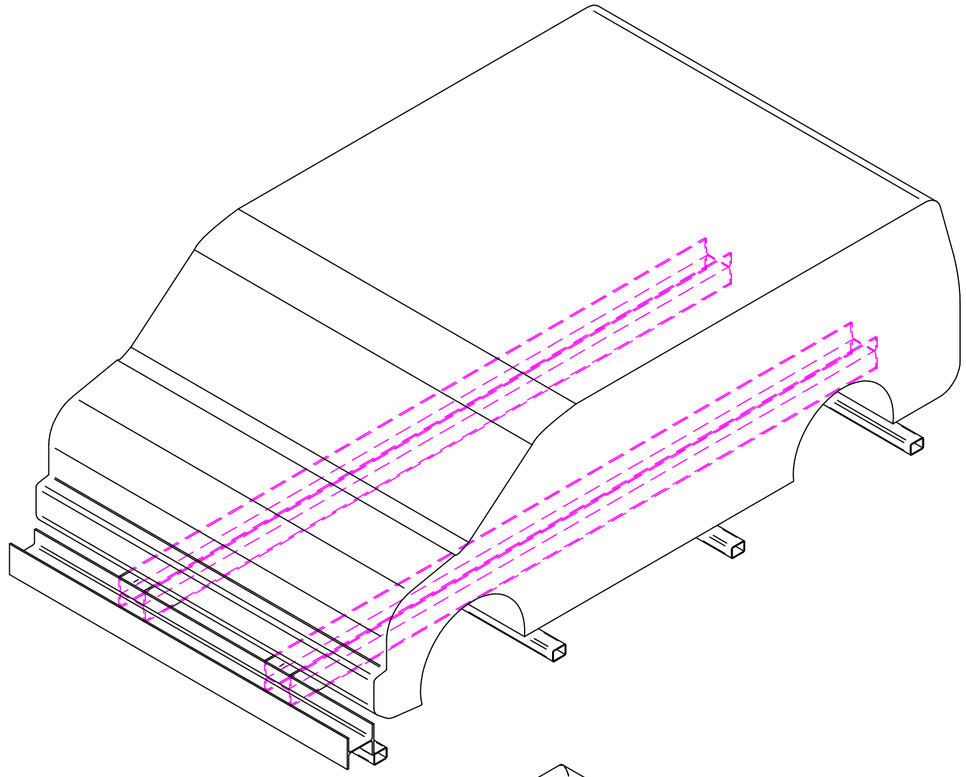
Authorization:	REF.	SUPERSEDES
By: AB	DATE 2/17/2011	CHECKED
		APPROVED

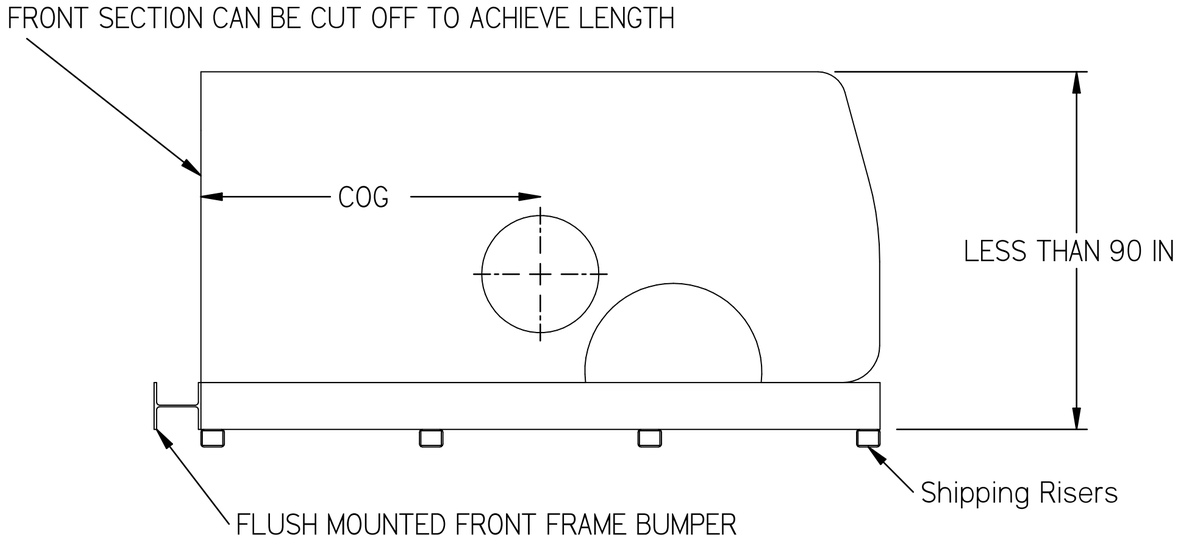
SIZE C | DRAWING No. | REV.

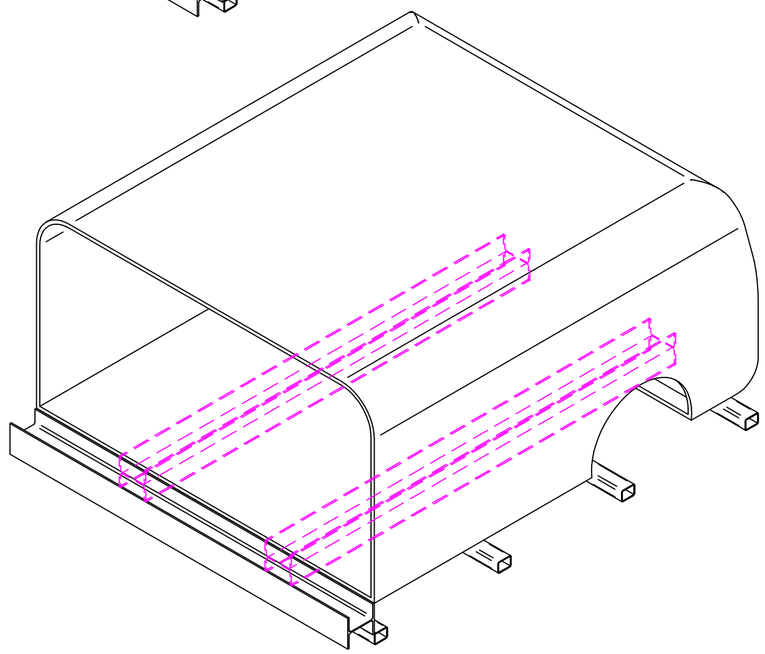
SCALE: NOT TO SCALE | B/M | CODE | ISSUE DATE | SHEET: 1 of 1

REV.	DATE	ECN	DESCRIPTION	BY	CHK'D.	APP'D.









NOTES:
1) NO GLASS
2) NO WINDSHIELD
3) NO DASHBOARD
4) NO GAS TANK
5) NO ENGINE
6) VEHICLE ON OEM FRAME
7) WEIGHT LIMIT 5000 LBS
8) MINIMUM 4 TUBES (4" x 3" x 0.25") FROM FRONT TO REAR
9) WEIGHT: _____LBS.
10) LOCATION OF CENTER OF GRAVITY FROM THE FRONT: ____

Tolerances Unless Otherwise Specified:
Fraction: 1/X +/- 1/32"
Decimal: X.XX +/- 0.02"
X.XXX +/- 0.005"
Angular +/- 1 Degree

Unspecified Radii are 1/8"

DRAWING NAME:

MATERIAL:

SPECIFICATION:

Freedman Seating Co.
4545 W. Augusta Blvd
Chicago, IL 60651

PROJECTION

Authorization:

REF.

SUPERSEDES

By: jeremyk DATE: 4/7/2011

CHECKED

APPROVED

SIZE: C

DRAWING No.

REV.

SCALE: NOT TO SCALE

B/M

CODE

ISSUE DATE

SHEET: 1 of 1