

**Contractor:**

**Project Name:**

<b>Subcontractor:</b> _____	<b>Contact:</b> _____
<b>Product:</b> _____	<b>Submittal #:</b> _____
<b>Manufacturer:</b> _____	<b>Material Cost: \$</b> _____

**Materials in Div 3-10 and 12, Sect 31.60.00 Foundation, 32.10.00 Paving, 32.30.00 Site Improvement, 32.90.00 Planting**

Post-Consumer Recycled Content: _____ % Pre-Consumer Recycled Content: _____ % <input type="checkbox"/> Manufacturer documentation provided.	Bio-Based (Non-Wood) Materials: _____ % <input type="checkbox"/> Tested per ASTM Method D6866, and legally harvested. <input type="checkbox"/> Meets Sustainable Agriculture Network's Standard.
New Wood Content: _____ % FSC Certified Content: _____ % of New Wood <input type="checkbox"/> Manufacturer documentation provided identifying wood products for use on project.* <input type="checkbox"/> FSC Certificate provided. <input type="checkbox"/> Manufacturer documentation of FSC product provided. <small>*Note: Itemized invoice from final vendor must be provided after purchase. Invoice must show FSC % for each new wood product and must show vendor's Chain of Custody (COC) number.</small>	
% of Material Manufactured and Sourced within 100 miles: _____ %	
Location of Manufacturer: _____ Distance to Project Site: _____ <input type="checkbox"/> Manufacturer documentation provided.	Location of Extraction/Harvest: _____ Distance to Project Site: _____ <input type="checkbox"/> Manufacturer documentation provided.
Extended Producer Responsibility Program Name: _____ <input type="checkbox"/> Manufacturer documentation of take-back program provided.	
Environmental Product Declaration (EPD): Documentation Type: <input type="checkbox"/> LCA ISO 14044 with LEED <input type="checkbox"/> Industry Type III EPD, with Manufacturer Listed <input type="checkbox"/> Product Specific Type III EPD, Internally Reviewed <input type="checkbox"/> Product Specific Type III EPD, 3 <sup>rd</sup> Party Certified	Ingredient Reporting (to 1000 ppm): Documentation Type: <input type="checkbox"/> CASRN Inventory <input type="checkbox"/> Cradle to Cradle <input type="checkbox"/> Living Product Challenge <input type="checkbox"/> Product Lens <input type="checkbox"/> ANSI/BIFMA e3 <input type="checkbox"/> Facts NSF/ANSI 336 <input type="checkbox"/> GreenScreen List Translator or Benchmark <input type="checkbox"/> Declare: Red List Free or Declared

**Low-Emitting Materials: Onsite Fluid Applied Materials**

Product Use (describe application): _____	Volume to be used: _____ L
VOC Content: _____ g/L	Allowable Content: _____ g/L
<input type="checkbox"/> Manufacturer documentation of VOC content provided.	<input type="checkbox"/> VOC Emissions Evaluation also provided.

**Low-Emitting Materials: Composite Wood / Formaldehyde Emissions Evaluation**

Documentation provided to confirm that composite wood meets one of the following:			
<input type="checkbox"/> No added formaldehyde (NAF)	<input type="checkbox"/> Ultra-low emitting formaldehyde (ULEF)		
<input type="checkbox"/> ASTM 2559, Voluntary Product Standard for structural composite wood per one of the following:			
<input type="radio"/> ANSI A190-1-2012 (Glu-lam)	<input type="radio"/> ASTM D 5456-13 (Lumber)	<input type="radio"/> PS 1-09 (Plywood)	<input type="radio"/> PS 2-10 (OSB)
<input type="radio"/> DOC PS-20 2015 (Finger-joint)	<input type="radio"/> ASTM D 5055-13 (I-joists)	<input type="radio"/> PRG 320-15 (Cross-lam)	

**Low-Emitting Materials: VOC Emissions Evaluation**

Applicable Category:	
<input type="checkbox"/> Adhesive/Sealant	<input type="checkbox"/> Paint/Coating <input type="checkbox"/> Flooring <input type="checkbox"/> Walls <input type="checkbox"/> Ceiling <input type="checkbox"/> Insulation <input type="checkbox"/> Furniture
Documentation Type Provided:	
<input type="checkbox"/> CDPH Standard Method v1.2 Lab Test Report	<input type="checkbox"/> CRI Green Label Plus
<input type="checkbox"/> GreenGuard Gold	<input type="checkbox"/> SCS Indoor Advantage Gold <input type="checkbox"/> FloorScore
<input type="checkbox"/> Inherently non-emitting	<input type="checkbox"/> Other: _____
TVOC: _____ mg/m <sup>3</sup>	