

Cedar Grove ® Compostability Profile Submittal Sheet

To Be Submitted By Manufacturer Only.

Cedar Grove Composting, Inc.

Code (Lab Use Only):

Date:

A. General Information

Manufacturing Site Address: _____

Manufacturer Name: _____

City ST Zip _____

Contact: _____

Phone/Fax: _____

Position _____

E-mail: _____

Check Enclosed (payable to Cedar Grove Composting)

Other

C: Manufacturer Certification:

1. ___Initial I hereby certify that all samples and/or technical information provided for Cedar Grove ® Composting testing/review is supplied directly by the manufacturer.
2. ___Initial I hereby certify that the above and attached description is complete, accurate, and that the items submitted for testing are consistent with material received and represented by the above noted item numbers for purchase and use in the market place.
3. ___Initial I certify that samples submitted meet ASTM D6400 (bioplastic), ASTM D6868 (paper/bioplastic) criteria for biodegradability (compostability), and that any and all results from ASTM tests completed are submitted with this profile for proof of that standard. (Where Applicable)
4. ___Initial Manufacturer must agree to non-disclosure unless (a) requesting only test results on samples (b) meeting all Cedar Grove Compostability guidelines (including BPI certification or ASTM lab results).
5. ___Initial I acknowledge that Cedar Grove ® Composting reserves the right to purchase submitted items independently for testing accuracy. Any response indicating an item satisfactorily passed our test does not apply to any other item than specific item (or SKU) tested (whether deemed related or unrelated in content or manufacturing method) and no longer applies to the item tested where there is any variation in the contents or manufacturing process of the item.
6. ___Initial To remain on our list of Accepted Food Service Ware, we reserve the right to test items purchased directly by us or to require annual retesting or certification to ensure no changes in content and/or manufacturing process, at our discretion.
7. ___Initial The testing on an item and an indication of acceptance does NOT authorize ANY use of any of our logos, trademarks, trade names, letterhead or company name on such item, on the packaging of such item, or in the marketing of such item. Any such uses can be authorized, at our discretion, only pursuant to a formal written license agreement through our affiliate, Cedar Grove Packaging ® LLC.
8. ___Initial I acknowledge that this profile is good for one (1) year from signed date by Cedar Grove ®, and that annual technical review, testing and recertification may be required to ensure products are the same as initial samples submitted.
9. ___Initial It is acknowledged Cedar Grove® Composting will not use or disclose any of Manufacturer's information except for the sole purpose of the testing, and that to the extent that Manufacturer receives any information from Cedar Grove® Composting other than solely test results, that Manufacturer shall make no use of such information except as permitted in writing by Cedar Grove® Composting. Cedar Grove® Composting shall retain records of its testing in accordance with its retention policies.

Manufacturers' Authorized Signature:
(please print out form and sign)

Date:

Name (print):

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B. Sample Information

List all samples submitted and additional information used for identification

Sample Description	ID#	What is it made of? (100%)	Manufacturer	Treatment - Coating - Dye - Varnish	Results*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

* Tested items will be noted as PASS / FAIL. Items Accepted by Technical Review will be noted as SA (Substrate Acceptance), Items Accepted by Line Item Acceptance will be noted as (LIA) Profile must be accompanied by signature of authorized Cedar Grove ® Composting representative to designate official approval. Annual recertification may be required in writing or through testing.

D: Comments (Lab Use Only): _____

Cedar Grove Authorization: _____ **Signature Date:** _____
Profile expires one year from date- recertification required

Name (print): _____