Produ	ict Type:	Urinals				Version 3.0			Overall Status	No Da	ata
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Line No.	Manufacturer	Brand	Model	Action	Product Class	Explanation of 'Other' Product Class	Trough Length (If Applicable) (Inches)	Trough Length (If Applicable) (Millimeters) Optional	Maximum Flow Rate (gal/flush)	Maximum Flow Rate (liter/flush) Optional	Status
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Line No.	Manufacturer	Brand	Model	Action	Product Class	Explanation of 'Other' Product Class	Trough Length (If Applicable) (Inches)	Trough Length (If Applicable) (Millimeters) Optional	Maximum Flow Rate (gal/flush)	Maximum Flow Rate (liter/flush) Optional	Status
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The following is a description of each product class:

Product Class	Product Class Description
1	Urinals
2	Trough-type
Other	Other urinals not listed above (if you enter "Other", you must provide a rationale in the 'Explanation of "Other" Product Class' column on the "Input" sheet).

Instructions for CCMS Reporting Templates

Use your mouse, the "Tab" key and arrows on your keyboard to navigate through the fillable fields in the template. If all fields have been completed correctly the "Overall Status" indicator on the top right corner of the template will show "ok." If this indicator reads "Error," look for incomplete/incorrect field entry explanations by comparing the mirrored cells on the right of your template screen with your report entries. Call 505-663-1302 ext 101 for additional assistance.

	Step 1	Enter the manufacturer's name
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		Type manufacturer name in the box above

Step 2 Enter the full name of the third party representative if "applicable" in the cell above "If applicable, enter the name of the third party representative in the box above"									
If Applicable: Third Party Representative									
	If applicable, enter the name of the third party representative in the box above								

	Step 3	Enter your full name in the cell above "Must enter name." Be certain that your are aware of the p	rovisions contained in 1	.8 U.S.C. 1	1001 before entering your name.				
8		Type your full name in the box to signify compliance							
				Must enter name					
		Awarene	ss Statement		I am aware of the provisions contained in 18 U.S.C. 1001, which prohibits knowingly making false statements to the Federal Government.				

	Step 4 Enter your contact email address to the left of "Must enter email address."								
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Line	Manufacturer	Brand	Model	Action	Product Class	Explanation of 'Other' Product Class	Energy Factor (cycle/k¥h)	Statu
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9				Compliance	Statement - (Appendix A	to Subpart F of	f 10 CFR Part 430)			
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								by a responsible official of t er (in the case of faucets, s			
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