

Candle Testing Record Template



Candle Specs for _____ (your candle code/name) Date Poured: _____

CONTAINER (Name/SKU)	Volume:		Supplier:
WAX (Brand/Type)	Amount:	Lot:	Supplier:
Additives:	Amount:	Lot:	Supplier:
FO (Name/Brand/SKU)	Amount:	Temp Added:	Supplier:
FO (Name/Brand/SKU)	Amount:	Temp Added:	Supplier:
Dye (Brand/Name/Type/Color)	Amount:	Temp Added:	Supplier:
Dye (Brand/Name/Type/Color)	Amount:	Temp Added:	Supplier:
WICK (Name/SKU)	# of wicks used:		Supplier:
Adhesive (Name/SKU)			Supplier:
POUR TEMP:	Cool/Cure Time:		
Room Temp:	# of pours:		

Cold Throw: **1 2 3 4 5**

Hot Throw: **1 2 3 4 5**

	1 hour	2 hours	3 hours	4 hours
Melt Pool	cm	cm	cm	cm
Flame Height (< 1 Inch)	cm	cm	cm	cm
Soot production (none) /Carbon Ball (<5mm)	/ mm	/ mm	/ mm	/ mm
Ember Glow Time (<10 seconds)	seconds	seconds	seconds	seconds
Exterior Temperature (<140 degrees F)	Degrees F	Degrees F	Degrees F	Degrees F

Additional Notes:
