

Sample Information Form

KIT NUMBER

To view the form properly, you must use Adobe Reader.
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| | | | |
|--|---------------------------------------|--------------------------------------|------------------------------------|
| Pressure Sample Run _____ | Filter Hours _____ | | |
| Type of Compressor | | | |
| <input type="checkbox"/> High Pressure | <input type="checkbox"/> Low Pressure | <input type="checkbox"/> Refrigerant | <input type="checkbox"/> Desiccant |
| _____ | | _____ | |
| Name of person retrieving sample. | | Date Collected | |

Frequency

- Single Semi-Annual Quarterly Monthly

Type of Analysis

- | | | |
|---|---|---|
| <input type="checkbox"/> Ambient | <input type="checkbox"/> DNAX | <input type="checkbox"/> NFPA 99 |
| <input type="checkbox"/> CGA Grade A | <input type="checkbox"/> EN12021 | <input type="checkbox"/> NFPA 1404 |
| <input type="checkbox"/> CGA Grade D, '11 | <input type="checkbox"/> EU-USP, '08 | <input type="checkbox"/> NFPA 1989, '08 |
| <input type="checkbox"/> Grade D / NFPA 1500, '13 | <input type="checkbox"/> Instrument Air | <input type="checkbox"/> NFPA 1989, '13 |
| <input type="checkbox"/> CGA Grade E, '11 | <input type="checkbox"/> ISA-S7.0.01 | <input type="checkbox"/> O.C.A. |
| <input type="checkbox"/> Grade E / NFPA 1500, '13 | <input type="checkbox"/> ISO 8573-1 | <input type="checkbox"/> O.S.H.A. |
| <input type="checkbox"/> Grade E / NFPA 1989, '08 | <input type="checkbox"/> NAVSEA | <input type="checkbox"/> Spectra Analysis |
| <input type="checkbox"/> Grade E / NFPA 1989, '13 | <input type="checkbox"/> Nitrox I | <input type="checkbox"/> Z180 |
| <input type="checkbox"/> CGA Grade N | <input type="checkbox"/> Nitrox II | <input type="checkbox"/> Z275.2 |

Test Site Address

Co. Name _____
Address _____
City _____
State _____ Zip _____

Unit Information (i.e. Compressor & Serial No.)

Phone _____ Fax _____

Send Results To

- E-mail _____
Please enter a valid email address (e.g. name@somewhere.com)
- Mail (We will **NOT** mail a copy if the E-mail option is selected.)
- Same as Test Site Address Below
- Co. Name _____
Address _____
_____ City _____ State _____ Zip _____