

ORDER FORM (FOR X-ZAM LABS AGENTS ONLY)

COMPRESSED AIR & NITROGEN

Complete this form and submit to X-zam[®] Laboratories along with the air/gas sample **OR** if sample will be sent directly from your client, submit this ahead. If you require a Purchase Order please attach it. However, this info sheet will govern your instructions to the lab.

HANDWRITING MUST BE LEGIBLE. All information must be complete and legible or testing services may get delayed. For ease you can fill out the form here: www.x-zamlabs.com/order

1 X-ZAM[®] AGENT INFORMATION >>> (REQUIRED)

X-zam[®] Agent Name: _____ Contact Name: _____
 Contact Phone: _____ Contact Email: _____
 Alternate Contact Info: _____ Purchase Order # (if required): _____

2 CLIENT & TEST INFORMATION >>> (REQUIRED)

TEST SITE NAME AND I.D.

>>> This information will appear exactly as shown on client document.

3 >>> (REQUIRED)

KIT I.D. FROM STOCK
MUST BE LEGIBLE!

Organization Name: _____ Street Address: _____
 City/State/Zip: _____ Phone & Fax: _____
 Send test kit to different location UPS ARS Labels Account #: _____
 Street Address: _____ City/State/Zip: _____

4 TYPE OF ORGANIZATION >>> Mark all that apply.

- FIRE DEPARTMENT DIVING (SCUBA) INDUSTRIAL DIVING (SURFACE-AIR) LABORATORY
 PHARMACEUTICAL MANUFACTURER FOOD PRODUCT AERONAUTIC SCIENTIFIC
 OTHER: _____

5 TYPE OF GAS BEING TESTED

- AIR:** BREATHING FOOD GRADE (REQUIRES SPECIFIC KIT) PHARMACEUTICAL (REQUIRES SPECIFIC KIT) ANALYTICAL COMPOSITION INDUSTRIAL AMBIENT INSTRUMENT
- NITROGEN (REQUIRES SPECIFIC KIT):** NITROGEN, 99% NITROGEN, 99.9% NITROGEN, 99.99%
- NITROX:** I (32%) II (36%)

6 I.D. OF COMPRESSOR AND/OR GAS SYSTEM >>> (REQUIRED) This information will appear on client Reports.

Name: _____ Brand: _____
 Site/Station #: _____ Serial or Other I.D.: _____
(CANNOT BE MORE THAN 29 CHARACTERS)

7 TYPE OF COMPRESSED AIR/GAS SYSTEM >>> (REQUIRED)

COMPRESSOR CYLINDER/CASCADE PIPELINE GAS GENERATOR OTHER: _____

8 TYPE OF FILTER SYSTEM >>> Mark all that apply.

NONE LOW PRESSURE (50-1000 PSI) HIGH PRESSURE (1000-7000 PSI) ADSORBENT DESICCANT
 REFRIGERATED CARTRIDGE MEMBRANE MECHANICAL

9 FREQUENCY OF TESTS TO BE CONDUCTED >>> (REQUIRED)

ONE-TIME ONLY (1X) SEMI-ANNUAL (2X) QUARTERLY (4X) MONTHLY (12X) OTHER: _____

Requested ship date of first kit: _____ Renewal?

10 TEST STANDARD TO BE MEASURED AGAINST >>> (REQUIRED)

>>> If you do not know, please contact customer support. **Note:** We will test against the latest edition.

CGA: A D E J N L **NFPA:** 99 1404 1500 1989
 EN12021 AMBIENT BS68-284 NZS1715 NBR12543 ANSI S7
 EU USP ISA-S7 NAVSEA NITROX-I NITROX-II O.C.A.
 IANTD Z-180 NOAA OSHA 29CFR Z-275 SPECTRAL ANALYSIS
 ISO 8573-1, CLASS & TABLE: _____ FED. SPEC. BB-A-1034B OTHER: _____

11 ANY SPECIAL INSTRUCTIONS

12 VALID EMAIL ADDRESS(ES) >>> (REQUIRED)

>>> Please write legibly.

1. _____
2. _____

I prefer to have printed documents mailed to the following address. I understand and agree that there may be an added fee for this service.

Company Name: _____ Contact Name: _____

Address, City, State, Zip: _____

Phone: _____

13 WHO TO NOTIFY IN CASE OF FAILURE

AGENT CLIENT BOTH

X-zam® Laboratories
Laboratory Services Division of Lawrence Factor®, Inc
4790 NW 157 Street, Miami Lakes, FL 33014
(305) 430-0550 | info@x-zamlabs.com

Check out www.LabOnLocale.com
A way to get air analysis done in a **FLASH**