

Send Test Results to:

Company \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
e-mail \_\_\_\_\_

Bill To: (if not the same as above)

Company \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
e-mail \_\_\_\_\_

Bill me at "Bill to" address

Purchase Order # \_\_\_\_\_

Charge to my credit card:

- Visa  MasterCard
- American Express

Card Number: \_\_\_\_\_

Verification Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Print Name on Card \_\_\_\_\_

Signature on Card \_\_\_\_\_

Service Requested

- Standard: \$75 per sample, guaranteed in two working days
- Rush: \$150 per sample, guaranteed in 24 hours



Customer Air Sampling Form

Date Sample Taken: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

- Odor:  NO ODOR  
 SLIGHT ODOR  
 PRONOUNCED ODOR

Circle Moisture Level

0 5 8\* 10 30 50 70 100 150 200 200+

\* A water reading above 8 fails NFPA 1989 specification

Manifold Number: \_\_\_\_\_

Sample Bottle Number: \_\_\_\_\_

Filter Number: \_\_\_\_\_

Pressure (PSIG): \_\_\_\_\_

Time (Minutes:Seconds): \_\_\_\_\_

Tank Location: \_\_\_\_\_

Compressor

Brand/Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Stored Air

Cylinder Number: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

Breathing Air Specification

- NFPA 1989 2008
- CGA G-7.1-2004
- Grade D OSHA Breathing Air
- Grade E SCUBA
- Grade L SCUBA
- OSHA 1910.134
- British Std. BS:EN 12021:1999

Frequency of Testing:

- Monthly  Quarterly  Semi-Annually
- Annually Other \_\_\_\_\_

Pressure of the Tank:

- High Pressure (1,000-6,000 psi)
- Low Pressure (Below 1,000 psi)

Results Sent Via:

- Mail  e-mail  Fax



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