

FOAM SAMPLING FORM

- Each test kit will accommodate 1 to 4 samples.
If you need additional test kits, please call (800) 632-2304.
- Obtain a representative sample from each tank or container. It is recommended that a sample be taken from the top and bottom of each storage tank. If the product is stored in its original container, consider sampling a random number of containers.
- Fill each sample jar full. **To prevent leakage—please tighten the lid securely and then secure the lid with tape! Note—Electrical tape is recommended!**
- Complete the label on the sample jar **with the enclosed permanent marker** then fill in this sheet as completely as possible with the enclosed pen.
- Place the filled foam sample jars in the plastic bag and re-pack in the test kit box. **Place the paper work outside of the plastic bag. Also replace any empty jars—you will not be billed for any empty jars that are returned. PLEASE DO NOT INCLUDE PAYMENT WITH YOUR SAMPLES.**
- Tape the box securely.
- Mail via the U.S. Postal Service or United Parcel Service (UPS). Mailing costs will be billed directly to Dyne Technologies. If mailing via UPS call for our shipping number.
- A detailed report will be sent to you within one week from the day the samples arrive at our laboratory.
- In approximately 11 months, Dyne Technologies will contact you by email or mail to remind you that it's time to re-test, as recommended by the National Fire Protection Association Foam Standard, NFPA 11.

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	Sample Type	Nominal Concentration MUST BE FILLED IN	Tank Sampling Point	Storage Conditions
SAMPLE JAR #1	Manufacturer _____	<input type="checkbox"/> AFFF <input type="checkbox"/> AR-AFFF <input type="checkbox"/> FFFP <input type="checkbox"/> Fluoroprotein <input type="checkbox"/> Protein <input type="checkbox"/> High expansion <input type="checkbox"/> Other _____	MUST BE FILLED IN <input type="checkbox"/> 1% <input type="checkbox"/> 3% <input type="checkbox"/> 6% <input type="checkbox"/> Other _____	Tank # _____ <input type="checkbox"/> Top <input type="checkbox"/> Middle <input type="checkbox"/> Bottom
	Product (e.g., FC-600F) _____ Lot Number _____ Purchase Date _____ The foam is stored as a: <input type="checkbox"/> Concentrate (prior to mixing with water) <input type="checkbox"/> Premix (already mixed with water)			
SAMPLE JAR #2	Manufacturer _____	<input type="checkbox"/> AFFF <input type="checkbox"/> AR-AFFF <input type="checkbox"/> FFFP <input type="checkbox"/> Fluoroprotein <input type="checkbox"/> Protein <input type="checkbox"/> High expansion <input type="checkbox"/> Other _____	<input type="checkbox"/> 1% <input type="checkbox"/> 3% <input type="checkbox"/> 6% <input type="checkbox"/> Other _____	Tank # _____ <input type="checkbox"/> Top <input type="checkbox"/> Middle <input type="checkbox"/> Bottom
	Product (e.g., FC-600F) _____ Lot Number _____ Purchase Date _____ The foam is stored as a: <input type="checkbox"/> Concentrate (prior to mixing with water) <input type="checkbox"/> Premix (already mixed with water)			

SAMPLE JAR #3	Manufacturer _____ Product (e.g., FC-600F) _____ Lot Number _____ Purchase Date _____ The foam is stored as a: <input type="checkbox"/> Concentrate (prior to mixing with water) <input type="checkbox"/> Premix (already mixed with water)	Sample Type <input type="checkbox"/> AFFF <input type="checkbox"/> AR-AFFF <input type="checkbox"/> FFFP <input type="checkbox"/> Fluoroprotein <input type="checkbox"/> Protein <input type="checkbox"/> High expansion <input type="checkbox"/> Other _____	Nominal Concentration MUST BE FILLED IN <input type="checkbox"/> 1% <input type="checkbox"/> 3% <input type="checkbox"/> 6% <input type="checkbox"/> Other _____	Tank Sampling Point Tank # _____ <input type="checkbox"/> Top <input type="checkbox"/> Middle <input type="checkbox"/> Bottom	Storage Conditions <input type="checkbox"/> Original Container <input type="checkbox"/> Mild Steel Tank <input type="checkbox"/> Stainless Steel Tank <input type="checkbox"/> Bladder Tank <input type="checkbox"/> Plastic Tank <input type="checkbox"/> Other _____
SAMPLE JAR #4	Manufacturer _____ Product (e.g., FC-600F) _____ Lot Number _____ Purchase Date _____ The foam is stored as a: <input type="checkbox"/> Concentrate (prior to mixing with water) <input type="checkbox"/> Premix (already mixed with water)	<input type="checkbox"/> AFFF <input type="checkbox"/> AR-AFFF <input type="checkbox"/> FFFP <input type="checkbox"/> Fluoroprotein <input type="checkbox"/> Protein <input type="checkbox"/> High expansion <input type="checkbox"/> Other _____	<input type="checkbox"/> 1% <input type="checkbox"/> 3% <input type="checkbox"/> 6% <input type="checkbox"/> Other _____	Tank # _____ <input type="checkbox"/> Top <input type="checkbox"/> Middle <input type="checkbox"/> Bottom	<input type="checkbox"/> Original Container <input type="checkbox"/> Mild Steel Tank <input type="checkbox"/> Stainless Steel Tank <input type="checkbox"/> Bladder Tank <input type="checkbox"/> Plastic Tank <input type="checkbox"/> Other _____

Sample Group Name/Number: _____

Total Samples Within this Group: _____

Report:

Send Results Via: Mail e-mail FAX

Make sure your address, e-mail or fax number is clearly written.

Method of Payment: PLEASE DO NOT INCLUDE PAYMENT WITH YOUR SAMPLES!

Bill me at 'Bill To' address Purchase Order # _____

Charge to my credit card:

Visa MasterCard American Express

▼ Credit Card Number _____ ▼ Expiration Date: (MM/YY) _____ / _____

Verification Code _____

▼ Print Name (as shown on credit card) _____

▼ Signature (as shown on credit card) _____

Service Requested

- NFPA 11:** \$130 per sample
- International Marine Organization MSC (IMO):** \$135 per sample
- RUSH \$75.00 Surcharge per sample:** Guaranteed next business day (standard service - guaranteed in one week)

Send Test Results To: (please print)

Name _____

Company _____

Address _____

City _____

Phone() _____

Fax() _____

e-mail _____

(If you include your e-mail address we will notify you via e-mail when sample(s) are received)

Bill To (if not same as above):

Name _____

Company _____

Address _____

City _____

Phone() _____

Fax() _____

e-mail _____



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