

FOAM SAMPLING FORM

Foam Testing Kit Instructions

- Each test kit will accommodate 1 to 4 samples. If you need additional test kits, please call (866) 713-2299.
- 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.
- 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.
- A detailed report will be sent to you within one week from the day the samples arrive at our laboratory.
- In approximately 12 months, Dyne Technologies will contact you by phone 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 JAR #1	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"/> Alcohol Resistant-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 #2	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"/> Alcohol Resistant-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 #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"/> Alcohol Resistant-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)	Sample Type <input type="checkbox"/> AFFF <input type="checkbox"/> Alcohol Resistant-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

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) _____ / _____
 ▼Print Name (as shown on credit card) _____
 ▼Signature (as shown on credit card) _____

Service Requested:

Standard (\$125 per sample, guaranteed in one week)
 Rush (\$200 per sample, guaranteed next business day)

Send Test Results To: (please print)

Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 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 _____ State _____ Zip _____
 Phone() _____ Fax() _____
 e-mail _____



2357 Ventura Drive Suite 108, Woodbury, MN 55125
 Toll Free: (866) 713-2299
 Telephone: (651) 917-0644
 Fax: (651) 917-0646
 e-mail: lab@dynetechnologies.com

