

FOAM SAMPLING FORM

Please fill out information on page 2 of this form. 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.

- Each test kit will accommodate 1 to 4 samples.
If you need additional test kits, please call (800) 632-2304.
- 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 sample and report/billing information as completely as possible with the enclosed pen.

- Place the filled 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 if mailed from within the United States.
- 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 mail or email to remind you that it's time to re-test, as recommended by the National Fire Protection Association Standard, NFPA.

PLEASE DO NOT INCLUDE PAYMENT WITH YOUR SAMPLES!

© Copyright 2011 Dyne Technologies, LLC. All rights reserved.

LBTR-4047, Rev. C Effective 3-1-2011

	Sample Type	Nominal Concentration MUST BE FILLED IN	Tank Sampling Point	Storage Conditions
FOAM JAR #1	<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"/> 3x3% <input type="checkbox"/> 3% <input type="checkbox"/> 3x6% <input type="checkbox"/> 6% <input type="checkbox"/> 1x3% <input type="checkbox"/> 1x6% <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 _____
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)				
FOAM JAR #2	<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"/> 3x3% <input type="checkbox"/> 3% <input type="checkbox"/> 3x6% <input type="checkbox"/> 6% <input type="checkbox"/> 1x3% <input type="checkbox"/> 1x6% <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 _____
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	Nominal Concentration MUST BE FILLED IN	Tank Sampling Point	Storage Conditions
FOAM JAR #3	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"/> 3x3% <input type="checkbox"/> 3% <input type="checkbox"/> 3x6% <input type="checkbox"/> 6% <input type="checkbox"/> 1x3% <input type="checkbox"/> 1x6% <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)			
FOAM JAR #4	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"/> 3x3% <input type="checkbox"/> 3% <input type="checkbox"/> 3x6% <input type="checkbox"/> 6% <input type="checkbox"/> 1x3% <input type="checkbox"/> 1x6% <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 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: CALL FOR PRICING

- NFPA 11
- International Marine Organization MSC (IMO)
- 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 _____



2357 Ventura Drive Suite 108, Woodbury, MN 55125
 Toll Free: (800) 632-2304
 Telephone: (651) 917-0644
 Fax: (651) 917-0646
 e-mail: lab@dyneusa.com
 www.dyneusa.com

