

ANTIFREEZE SOLUTION SAMPLING FORM

Please fill out information on page 2 of this form. Obtain a representative sample of antifreeze solution from the system. When antifreeze systems have a capacity larger than 150 gallons, tests at one additional point for every 100 gallons are recommended by NFPA 25.

- 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!

	Sample Type	Storage Conditions - Check all that may apply
ANTIFREEZE #1	Manufacturer _____ Product (Brand Name) _____ Lot Number _____ Purchase Date _____ Concentration of Antifreeze _____ % System # _____	<input type="checkbox"/> Glycerine <input type="checkbox"/> Propylene Glycol <input type="checkbox"/> Ethylene Glycol <input type="checkbox"/> Diethylene Glycol <input type="checkbox"/> Industrial Location <input type="checkbox"/> Residential Location <input type="checkbox"/> CPVC (chlorinated polyvinyl chloride) pipe/fittings present <input type="checkbox"/> ESFR Early Suppression/Fast Response System <input type="checkbox"/> Potable Water Connected to System <input type="checkbox"/> Other _____
ANTIFREEZE #2	Manufacturer _____ Product (Brand Name) _____ Lot Number _____ Purchase Date _____ Concentration of Antifreeze _____ % System # _____	<input type="checkbox"/> Glycerine <input type="checkbox"/> Propylene Glycol <input type="checkbox"/> Ethylene Glycol <input type="checkbox"/> Diethylene Glycol <input type="checkbox"/> Industrial Location <input type="checkbox"/> Residential Location <input type="checkbox"/> CPVC (chlorinated polyvinyl chloride) pipe/fittings present <input type="checkbox"/> ESFR Early Suppression/Fast Response System <input type="checkbox"/> Potable Water Connected to System <input type="checkbox"/> Other _____

ANTIFREEZE #3	Manufacturer _____ Product (Brand Name) _____ Lot Number _____ Purchase Date _____ Concentration of Antifreeze _____ % System # _____	Sample Type <input type="checkbox"/> Glycerine <input type="checkbox"/> Propylene Glycol <input type="checkbox"/> Ethylene Glycol <input type="checkbox"/> Diethylene Glycol	Storage Conditions - Check all that may apply <input type="checkbox"/> Industrial Location <input type="checkbox"/> Residential Location <input type="checkbox"/> CPVC (chlorinated polyvinyl chloride) pipe/fittings present <input type="checkbox"/> ESFR Early Suppression/Fast Response System <input type="checkbox"/> Potable Water Connected to System <input type="checkbox"/> Other _____
ANTIFREEZE #4	Manufacturer _____ Product (Brand Name) _____ Lot Number _____ Purchase Date _____ Concentration of Antifreeze _____ % System # _____	<input type="checkbox"/> Glycerine <input type="checkbox"/> Propylene Glycol <input type="checkbox"/> Ethylene Glycol <input type="checkbox"/> Diethylene Glycol	<input type="checkbox"/> Industrial Location <input type="checkbox"/> Residential Location <input type="checkbox"/> CPVC (chlorinated polyvinyl chloride) pipe/fittings present <input type="checkbox"/> ESFR Early Suppression/Fast Response System <input type="checkbox"/> Potable Water Connected to System <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: CALL FOR PRICING

Antifreeze Solution

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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