



Cust. No.:  Account Name:  Telephone:   
 Contacts:    
 E-mail:  Fax:

**DON'T FORGET TO INCLUDE YOUR CONTACT INFO SINCE THIS IS A BLANK FORM!**  
**CAREFULLY PRINT ALL INFORMATION AND RETURN A COPY WITH EACH SAMPLE SET.**

**1 Account Name/Location Information**

**NOTE:** Fill in this section only if you are taking a sample for a third party. Initial in the box if you want Trace to send a copy of the report to the person below.

Acct. Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax No.: \_\_\_\_\_  
 E-mail Adr: \_\_\_\_\_

**7 Retest**

Is this sample a **Retest** taken within 30 days of a failed test?  Yes  No

**2 Air Quality Specification on file**

\_\_\_\_\_

If you need a different spec than above, mark thru above spec and check 1 or 2 below or write in:  
 Fire - NFPA 1989  
 Sport Diving - CGA Grade E  Industrial - CGA Grade D  
 Other \_\_\_\_\_

**8 Sampling Media Identification**

Filter Number:   
*red or green label*  
 Flowrate:   
*Liters Per Minute*  
 Total Minutes Sampled:  *must be at least 10 min.*  
 Source Bottle Number:   
*blue label*  
 Ambient Bottle Number:   
*white label*

**A Source Bottle, Filter, and Data Sheet MUST BE RETURNED for a complete analysis.**

**3 Testing Frequency on file**

Monthly  Quarterly  Semi-Annual  
 Annual  Random  Other \_\_\_\_\_

**9 Odor (determined by person taking sample) REQUIRED (check only one)**

None/Slight  Pronounced  
 OR (for Ch-102B, Ch-137A Users Only)  None Discernible  Discernible

**4 Air Source Identification**

Sample Taken From:  
 Compressor  Routine  Before Filter Change  After Filter Change  
 Compressor & Stored Air  Stored Air Only  
 Other \_\_\_\_\_

Model: \_\_\_\_\_  
 S/N: \_\_\_\_\_  
 Cylinder: \_\_\_\_\_  
 Other I.D.: \_\_\_\_\_

**10 System PRESSURE is**

High Pressure (1,000 – 6,000 psi)  
 Low Pressure (less than 1,000 psi)

**5 Comments – Use back if needed**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11 Lowest TEMPERATURE**

equipment may be exposed to during the year \_\_\_\_°F or \_\_\_\_°C

**6**

Submittal of this air sample authorizes Trace Analytics, Inc. to provide services. If purchase order number is required by your company, please provide with sample.  
 I attest that all information provided on this datasheet is truthful and accurate to the best of my knowledge.

SIGNATURE \_\_\_\_\_  
 PRINT Name \_\_\_\_\_  
 Name of Person Taking Test \_\_\_\_\_

MONTH DAY YEAR

**12 FOR LOW PRESSURE (less than 1,000 psi) ONLY:**

**AIR USED FOR:**  
 Airline Respirator  Non-Breathing Air  Other (describe) \_\_\_\_\_

**TYPE OF PURIFICATION INSTALLED:**  
 Molecular Sieve / Desiccant / Dryer  
 Refrigerated Dryer  No Dryer  
 No Purification  Unknown

**Rush Analysis Request - IMPORTANT: PLEASE CALL TO SCHEDULE**

I authorize Same Day Analysis & Reporting for an additional \$100 per sample. **Initial Here** \_\_\_\_\_

**PLEASE NOTE**

**Sample Shelf Life**  
 Once a sample is taken, it must be received by our laboratory within 60 days. **NO EXCEPTIONS.**

**Shelf Life**  
 Filters and Source Bottles must be used or returned for free replacement within 2 years of shipment date.

For Trace Use Only