



**Trace Analytics, LLC**

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**AirCheck Data Sheet™**

**Don't Forget**

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 Sample Taken For Third Party**  
 Fill in this section if you are taking a sample for a third party. The "Sampled For" Name will appear on the AirCheck Report. Initial box if you want Trace to send a copy of the report to third party.   
 Sampled For: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Fax No.: \_\_\_\_\_  
 E-mail Adr: \_\_\_\_\_

**8 Sampling Media Identification**  
**OIL AEROSOL TEST - FILTER MUST BE RETURNED FOR ANALYSIS**  
 Filter Number:   
 Flow Rate:  LPM  
 Sample Time:  MINUTES  
 Ambient Temperature:  °F  
 Ambient Pressure:  PSIA

**2 Air Quality Specification\***  
 Select ISO 8573 classes or write in Other Specification  
**PARTICLE CLASS** Class 1 thru 7 or baseline \_\_\_\_\_  
**WATER CLASS** Class 1 thru 6 or baseline \_\_\_\_\_  
**OIL CLASS** Class 1 thru 4 or baseline \_\_\_\_\_  
**OTHER GASES\*** \_\_\_ ISO 8573-6\* \_\_\_ Routine  
 \_\_\_ Other, must be pre-arranged with Trace  
**OTHER SPECIFICATION:** \_\_\_\_\_

**OTHER GAS TEST\* - BOTTLE MUST BE RETURNED FOR ANALYSIS**  
 Source Bottle Number:

**WATER VAPOR TEST - TUBE MUST BE RETURNED FOR ANALYSIS**  
 Detector Tube Reading:   
 1-5 LPM Flow Rate:  LPM  
 Sample Time:  MINUTES  
 Sampling Point Pressure:  PSIG  
 Type Tube Used: \_\_\_ 20/a-P \_\_\_ 5/a-P  
 Scale for 20a/-P Tube: \_\_\_(20-250) \_\_\_(35-500) \_\_\_(150-1500)

**3 Type of Purification Installed**  
 Molecular Sieve / Desiccant / Dryer  
 Refrigerated Dryer  No Dryer  
 No Purification  Unknown

**OIL VAPOR TEST - TUBE MUST BE RETURNED FOR ANALYSIS**  
 Charcoal Tube Number:   
 Flow Rate:  LPM  
 Sample Time:  MINUTES

**4 Testing Frequency on file**  
 Monthly  Quarterly  Semi-Annual  
 Annual  Random  Other \_\_\_\_\_

**CHARCOAL BLANK, INCLUDE WITH EACH BATCH**  
 Charcoal Tube Number:   
 Other Blank:

**5 Air Source Identification:**  
 If applicable, this sample is from:  Source  Outlet  
 Collection Point: \_\_\_\_\_  
 Other Reference: \_\_\_\_\_  
 \_\_\_\_\_

**6 Comments – Use back if needed**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IF A PARTICULAR TEST IS NOT TAKEN, WRITE "NOT APPLICABLE OR N/A"**

**Rush Analysis Request - IMPORTANT: PLEASE CALL TO SCHEDULE**  
 I authorize 1 Business Day Analysis & Reporting for an extra \$200 per sample. **Initial Here** \_\_\_\_\_

**7 Sampled By and Sample Date**  
 Submittal of this air sample authorizes Trace Analytics, LLC 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.

**PLEASE NOTE**  
**Sample Shelf Life - Return to lab within 15 DAYS Shelf Life - Sampling Media (Filters, Charcoal Tube, and Detector Tubes) See Exp Date on Return Box**  
 \* **AQ Specification/Other Gases - See Notebook FAQs 4.0 or call to preschedule**

SIGNATURE   
 PRINT Name   
 Name of Person Taking Test      
 MONTH DAY YEAR

For Trace Use Only