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 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: _____

2 Air Quality Specification on file

_____

If above incorrect, indicate air spec below:

O Fire - NFPA 1989
O CGA Grade D-SCBA
O OSHA 1910.134-Cylinders
O OSHA 1910.430-Com. Diving
O CSA(>2216 psig)
O Sport Diving - CGA Grade E
O CGA Grade D2-not SCBA
O OSHA 1910.134-Compressor
O Other_____
O CSA(15-2216 psig)
O CSA<15 psig)

3 Testing Frequency on file _____

O Monthly O Quarterly O Semi-Annual
O Annual O Random O Other_____

4 Air Source Identification

Model: _____
S/N: _____
Cylinder: _____
Other I.D.: _____

Sampled From: O Comp Only O Comp & Stored Air O Stored Air Only

Addt'l Info for NFPA 1989:

O Routine - No Maintenance Performed
O Before Filter Change O After Filter Change

5 Comments – Use back if needed _____

_____
_____

6

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.

SIGNATURE _____
PRINT Name _____
Name of Person Taking Test

☐☐ – ☐☐ – ☐☐
MONTH DAY YEAR

7 Retest within 30 days of failed test? O Yes O No

8 Sampling Media Identification

Filter Number: ***red or green label*** ☐☐☐☐☐☐
20-100 LPM Flowrate: ☐☐
Total Minutes Sampled: ☐☐
Source Bottle Number: ***blue label*** ☐☐☐☐☐☐
Ambient Bottle Number: ***white label*** ☐☐☐☐☐☐
Reading from Det. Tube: ☐☐ ***(0 - 200)***
Total Minutes Sampled: ☐☐

A Source Bottle, Filter, Tube and Data Sheet MUST BE RETURNED for a complete analysis.
(Ambient optional)

9 Odor (determined by person taking sample) REQUIRED

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

10 System PRESSURE is

O High Pressure (1,000 – 6,000 psi)
O Low Pressure (less than 1,000 psi)
O Operating pressure _____

11 Lowest TEMPERATURE

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

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

AIR USED FOR:
O Airline Respirator O Non-Breathing Air O Other (describe)

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

Rush Analysis Request - CALL TO SCHEDULE
O 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**.

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

For Trace Use Only: DT Reading:
Red ☐☐ Gray ☐☐