## **SAMPLE FOR ANALYSIS:**

## **Foam Concentrate Test**



SAMPLE REFERENCE NO. (INTERNAL USE ONLY):					Service Level:
COMPANY NAME:		ORDER REF./P.O. NO.:			STANDARD 5-working days
SAMPLE LOCATION:	IPLE LOCATION:			from receipt of sample <b>EXPRESS</b>	
DATE OF COLLECTION: DD / MM / YY		MANUFACTURER:		24-hours from receipt of sample	
CONCENTRATION:	□ 1% □ 1x1%	☐ 2% ☐ 1x3%	☐ 3% ☐ 3x3%	☐ 6% ☐ 3x6%	Notes: For each test sample, please provide:
SAMPLE DESCRIPTION/FOAM TYPE:	AFFF PROTEIN OTHER:	☐ AR-AFFF☐ FFFP	☐ FFF ☐ AR-FFFP	☐ HI-EX ☐ FP	<ul> <li>1 litre of Foam Concentrate</li> <li>Please also send with your sample:</li> <li>Foam Testing Request Form</li> <li>Manufacturer's SDS (if available)</li> </ul>