

# (Outside of Containment) The Champion 35

\*\*\*Choose the correct side of the datasheet based on  
sampling inside or outside of fill containment\*\*\*

All Blanks Must be Complete. Incomplete Data Will Result in an Invalid Sample  
NEED HELP? Call (800) 880-8378;  
Ask for Compressed Air After 5PM Central Dial Ext 159



Customer Number \_\_\_\_\_

Kit Number (if loaned) \_\_\_\_\_

Order Number (lab use only) \_\_\_\_\_

Report Number (lab use only) \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ DATE SAMPLE COLLECTED \_\_\_\_\_

TYPE OF COMPRESSOR/AIR SOURCE (SAMPLING FROM) \_\_\_\_\_

SAMPLING FOR (OTHER COMPANY) \_\_\_\_\_

AIR SAMPLE COLLECTED (CHECK ONE)  NO AIR PURIFICATION FILTER CHANGE  BEFORE AIR PURIFICATION FILTER CHANGE  
 AFTER AIR PURIFICATION FILTER CHANGE

USE A SEPARATE FILTER FOR EACH SOURCE/SAMPLE.  
Do not touch or contaminate filter or metal screen.

## OIL MIST/PARTICULATE SAMPLE DATA

FILTER NO. \_\_\_\_\_

VERIFY ORIFICE SIZE USED  .078  .115  .200  .300

PRESSURE READING FROM GAUGE \_\_\_\_\_  
(5 PSI IS REQUIRED)

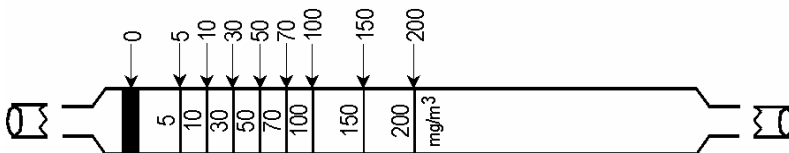
FLOW TIME \_\_\_\_\_ MINUTES

5 psi Pressure on TRI gauge	1-2 SCFM Use .078 Orifice	2-6 SCFM Use .115 Orifice	6-22 SCFM Use .200 Orifice	23-35 SCFM Use .300 Orifice
Oil/Part Test Time	40 Minutes	19 Minutes	12 Minutes	12 Minutes
Moisture Test Time	12 Minutes	12 Minutes	12 Minutes	12 Minutes

**MOISTURE SAMPLE DATA** Immediately after sample is taken, record actual stain seen on the tube in blank provided and on drawing below.

H<sub>2</sub>O TUBE NO. \_\_\_\_\_

**MOISTURE TUBE DRAWING** (Drawing not to scale.)



Record actual reddish-brown stain observed here \_\_\_\_\_ and on DRAWING provided.

Check here if no stain occurred. \_\_\_\_\_

## BREAK BOTH TIPS OF TUBE CAREFULLY

Approximately 1/8" from ends.

Do not expose tube to the environment prior to sampling.

### Exactly 12 min @ 5 psig

If the reddish-brown color change reaches the 100 mark before the time is up, terminate the test and record the time actually run.

### STAIN GREATER THAN 7? STOP.

If you are testing air for SCBA systems and your moisture tube shows a reddish-brown stain greater than seven (7) after you completed sampling as instructed, your sample is **OUT OF SPECIFICATION** per NFPA 1989, 1500 or 1404 requirements.

Please call TRI about what to do next. (800) 880-8378.  
Ask for Air Testing. After 5 pm Central Time dial ext. 159.

## BREATHING AIR SAMPLE—GAS SAMPLE DATA

TRI'S SAMPLE BOTTLE NO. \_\_\_\_\_

TIME OF DAY \_\_\_\_\_ SAMPLE COLLECTED \_\_\_\_\_

USE WHITE CAP WITH HOLE FOR SAMPLING.  
REPLACE BLACK SHIPPING CAP WHEN DONE

PRONOUNCED OR UNUSUAL ODOR? \_\_\_\_\_ YES \_\_\_\_\_ NO (NO ODOR/SLIGHT ODOR)

PRINTED NAME OF PERSON TAKING TEST \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

By signing this data sheet, I declare that the sample submitted to TRI was taken according to the instructions provided and was not tampered with to falsify air test results.

Signature of person responsible for air sampling \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

# (Inside Fill Containment) The Champion 35

Customer Number \_\_\_\_\_

Kit Number (if loaned) \_\_\_\_\_

Order Number (lab use only) \_\_\_\_\_

Report Number (lab use only) \_\_\_\_\_

\*\*\*Choose the correct side of the datasheet based on sampling inside or outside of fill containment\*\*\*

All Blanks Must be Complete. Incomplete Data Will Result in an Invalid Sample

NEED HELP? Call (800) 880-8378;

Ask for Compressed Air After 5PM Central Dial Ext 159



DSC94

COMPANY NAME \_\_\_\_\_ DATE SAMPLE COLLECTED \_\_\_\_\_

TYPE OF COMPRESSOR/AIR SOURCE (SAMPLING FROM) \_\_\_\_\_

SAMPLING FOR (OTHER COMPANY) \_\_\_\_\_

AIR SAMPLE COLLECTED (CHECK ONE)  NO AIR PURIFICATION FILTER CHANGE  BEFORE AIR PURIFICATION FILTER CHANGE  
 AFTER AIR PURIFICATION FILTER CHANGE

## OIL MIST/PARTICULATE SAMPLE DATA

FILTER NO. \_\_\_\_\_

Choose which orifice plate and compressor setting used  
(see table to the right) →

- .200 orifice plate using 1000 psi pressure reading from compressor
- .115 orifice plate using 430 psi pressure reading from compressor

FLOW TIME \_\_\_\_\_ MINUTES  
(12 MINUTES ARE REQUIRED)

USE A SEPARATE FILTER FOR EACH SOURCE/SAMPLE.

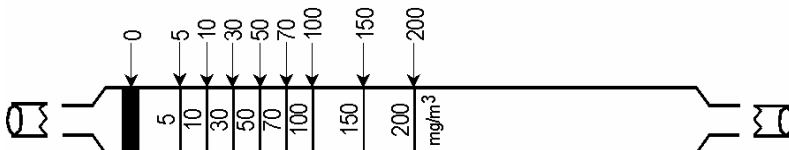
Do not touch or contaminate filter or metal screen.

SCFM ORIFICE PLATE	7 or fewer SCFM .115 orifice	8 or more SCFM .200 orifice
Minutes Required	12	12

**MOISTURE SAMPLE DATA** Immediately after sample is taken, record actual stain seen on the tube in blank provided and on drawing below.

H<sub>2</sub>O TUBE NO. \_\_\_\_\_

**MOISTURE TUBE DRAWING** (Drawing not to scale.)



Record actual reddish-brown stain observed here \_\_\_\_\_ and on DRAWING provided.  
Check here if no stain occurred. \_\_\_\_\_

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Approximately 1/8" from ends.

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(800) 880-8378. Ask for Air Testing.  
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## BREATHING AIR SAMPLE—GAS SAMPLE DATA

TRI'S SAMPLE BOTTLE NO. \_\_\_\_\_

TIME OF DAY \_\_\_\_\_ SAMPLE COLLECTED \_\_\_\_\_

**USE WHITE CAP WITH HOLE FOR SAMPLING.  
REPLACE BLACK SHIPPING CAP WHEN DONE**

**PRONOUNCED OR UNUSUAL ODOR?** \_\_\_\_\_ YES \_\_\_\_\_ NO (NO ODOR/SLIGHT ODOR)

PRINTED NAME OF PERSON TAKING TEST \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

By signing this data sheet, I declare that the sample submitted to TRI was taken according to the instructions provided and was not tampered with to falsify air test results.

Signature of person responsible for air sampling \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_