

# DATA SHEET

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



DSR17

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

Kit Number \_\_\_\_\_

Order Number \_\_\_\_\_

Report Number \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ DATE SAMPLE TAKEN \_\_\_\_\_

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

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

## OIL MIST/PARTICULATE SAMPLE DATA

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

ORIFICE SIZE USED .078 .115 .200 .375

(See instructions and chart at right to select correct orifice to use.  
Verify orifice size installed by looking in open end of test piece with gauge.)

PRESSURE READING FROM TRI'S GAUGE \_\_\_\_\_

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

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

### MINIMUM FLOW TIMES & PSIG READINGS FOR OIL MIST/PARTICULATE

Select orifice to use based on your compressor SCFM  
1-2 SCFM - .078 orifice - 20 min. at 9-12 psig-minimum  
2-8 SCFM - .115 orifice - 9 min. at 9-12 psig-minimum  
8-25 SCFM - .200 orifice - 3 min. at 9-12 psig-minimum  
>25 SCFM - .375 orifice - 2 min. at 9-12 psig-minimum

## BREATHING AIR SAMPLE—GAS SAMPLE DATA

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

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

TIME \_\_\_\_\_ SAMPLE COLLECTED

TRI's sample bottle must remain in place for a MINIMUM OF ONE MINUTE WITH THE WHITE FLOAT AWAY FROM SAMPLING CAP.

**REPLACE BLACK SHIPPING CAP WHEN DONE**

PRONOUNCED ODOR? \_\_\_\_\_ YES \_\_\_\_\_ NO

"Specific measurement of odor in gaseous air is impractical. Air normally may have a slight odor. The presence of a pronounced odor should render the air unsatisfactory." - from section 5.1.7 of ANSI/CGA G-7.1-1997.

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: \_\_\_\_\_

\_\_\_\_\_