

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



DSR18

Customer Number _____

Kit Number _____

Order Number _____

Report Number _____

COMPANY NAME _____ DATE SAMPLE TAKEN _____

TYPE OF COMPRESSOR/AIR SOURCE (SAMPLING FROM) _____

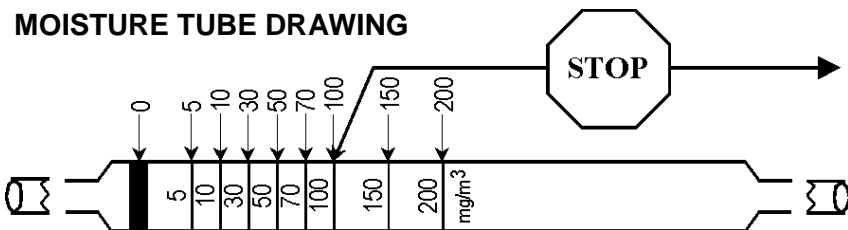
SAMPLING FOR (OTHER COMPANY) _____

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

H₂O TUBE NO. _____
PRESSURE READING FROM TRI'S GAUGE _____

FLOW TIME TUBE WAS IN PLACE _____ MINUTES _____ SECONDS

MOISTURE TUBE DRAWING



Record actual 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.

USE TRI'S GAUGE READINGS AND
CORRESPONDING TIMES FOR MOISTURE

14 min @ 4 psig

12 min @ 5 psig

10 min @ 6 psig

STOP and record time in minutes and seconds if
color reaches **100** before test time is up.

GRAPH NOT TO SCALE

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: _____