

DATA SHEET Using TRI Cylinders

Complete All Blanks Of The Appropriate Blocks Below With Your Sample Data.

Incomplete Data Will Result In An Invalid or Missing Test Result.

NEED HELP? Call (800) 880-8378; Ask for Compressed Air After 5PM Central Dial Ext 159



GENERAL MEDICAL GAS TESTS

Customer Number _____

Kit Number _____

Order Number _____

Report Number _____

COMPANY NAME _____ DATE SAMPLE TAKEN _____

TYPE OF COMPRESSOR/AIR SOURCE _____

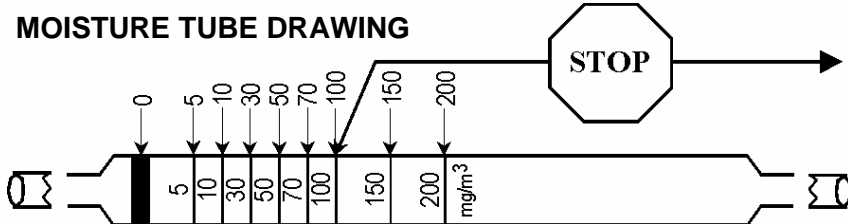
SAMPLING FOR _____

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 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.

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

GAS SAMPLE DATA

TRI'S SAMPLE CYLINDER NO. _____

CHECK TYPE OF GAS.

____ Air ____ Nitrogen ____ Oxygen

____ Nitrous Oxide ____ Other Gas _____

DATE _____ AND TIME _____ GAS SAMPLED

REMOVE BRASS KNURLED NUT.

TRI's sample cylinder must remain in place with the end cap (brass knurled nut) removed, allowing gas to flow through the cylinder FOR A MINIMUM OF 30 SECONDS.

BEFORE turning off the gas supply, replace knurled nut and then remove cylinder from the quick connect fitting

Tighten knurled nut finger tight only

PLEASE MARK LAB TESTS ON BACK OF THIS SHEET.

OIL MIST/PARTICULATE (Matter) SAMPLE DATA

Standard FILTER NO. _____ or Prewash FILTER NO. _____
(Specifications of 1.0mg matter) (Filter holder says PREWASH, specs. of 0.1mg matter)

ORIFICE SIZE USED ____ .200 ____ .115

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.

.115 orifice -10 min. @ 11 psig-minimum

.200 orifice -10 min. @ 4 psig-minimum

DO NOT EXCEED 20 psig

Additional pressure-time options are in the detailed instructions.

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. **PLEASE MARK LAB TESTS ON BACK OF THIS SHEET.**

Signature of person responsible for air sampling _____

Date _____

Comments: _____