

DATA SHEET Champion 35



DSCCSP

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 _____

Loaned Kit Number _____

Order Number _____

Report Number _____

COMPANY NAME _____ DATE SAMPLE TAKEN _____

TYPE OF COMPRESSOR/AIR SOURCE _____

SAMPLING FOR _____

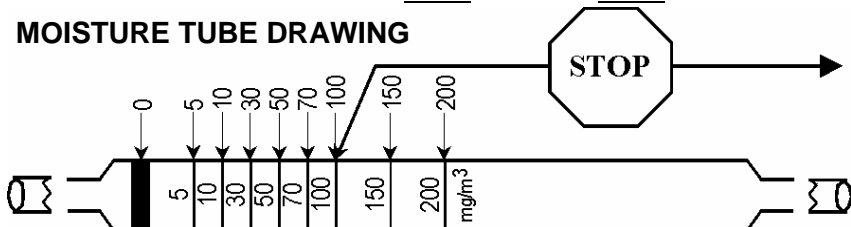
MOISTURE SAMPLE DATA Immediately after sample is taken, record actual stain seen in blank provided and on drawing below.

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

OIL MIST/PARTICULATE SAMPLE DATA

Prewashed FILTER NO. _____ (Specifications of 0.1 mg/m³ or greater)

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

PRESSURE READING FROM TRI'S GAUGE _____

FLOW TIME _____ MINUTES

USE A SEPARATE FILTER FOR EACH GAS / COMPRESSOR/AIR SOURCE.

Do not touch or contaminate filter or metal screen.

.078 orifice – 100 min. @ 9-12 psig-minimum <2 SCFM

.115 orifice – 50 min. @ 9-12 psig-minimum 2-6 SCFM

.200 orifice – 20 min. @ 9-12 psig-minimum 6-15 SCFM

.300 orifice – 10 min. @ 9-12 psig-minimum 15-35 SCFM

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

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: _____