



Trace Analytics, LLC
 15768 Hamilton Pool Rd. • Austin, Texas 78738
 Voice: 800-AIR-1024 or 512-263-0000 • Fax: 512-263-0002
 E-mail: Service@AirCheckLab.com

AirCheck Data Sheet™

Your Client:

Cust. No.: 3746	Amigos Dive Center	Telephone: 386-497-3876
Contacts: Mr. Wayne Kinard, E-mail: wayne@amigosdivecenter.com		Fax:

CAREFULLY PRINT ALL INFORMATION AND RETURN A COPY WITH EACH SAMPLE SET.
 IF ANY OF THE PREPRINTED INFORMATION IN THE BOXES IS INCORRECT, MARK THROUGH AND CORRECT.

Some of the boxes in this form are filled with data from the previous test:	Previous Rpt. No.	11-06607	7	Retest within 30 days of failed test? <input type="radio"/> Yes <input type="radio"/> No
	Previous Spl. Date	3/18/2011	8	Sampling Media Identification

Filter Number: <i>red or green label</i>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Flowrate: <i>Liters Per Minute</i>	<input style="width: 50px; height: 20px;" type="text"/>
Total Minutes Sampled:	<input style="width: 50px; height: 20px;" type="text"/> must be at least 10 min.
Source Bottle Number: <i>blue label</i>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Ambient Bottle Number: <i>white label</i>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Tube Reading:	<input style="width: 50px; height: 20px;" type="text"/> (0 - 200)
Total Minutes Sampled:	<input style="width: 50px; height: 20px;" type="text"/>

A Source Bottle, Filter, and Data Sheet
MUST BE RETURNED for a complete analysis.

1 Account Name/Location Information

NOTE: Fill in this section only if you are taking a sample for a third party. Initial in the box if you want Trace to send a copy of the report to the person below.

Acct. Name: _____

Contact: _____

Telephone: _____

Fax No.: _____

2 Air Quality Specification

From _____

Prev Test: **CGA Grade E(2)**

If above incorrect, indicate air spec below:

<input type="radio"/> OSHA 1910.134-Cylinders	<input type="radio"/> OSHA 1910.134-Compressor
<input type="radio"/> OSHA 1910.430-Com. Diving	<input type="radio"/> Fire - NFPA 1989
<input type="radio"/> CGA Grade D-SCBA	<input type="radio"/> CGA Grade D2-not SCBA
<input type="radio"/> Sport Diving - CGA Grade E	<input type="radio"/> Other _____
<input type="radio"/> CSA(>2216 psig)	<input type="radio"/> CSA(15-2216 psig)
<input type="radio"/> CSA<15 psig	

3 Testing Frequency

From _____

Previous Test: **Quarterly**

Monthly Quarterly Semi-Annual

Annual Random Other _____

4 Air Source Identification, **Make, Model, etc.**

Bauer / Eagle Comp., Model K-14 & KA12D KA-E3OP, S/N 87/0535/07, 4 Stage Cyl.

If Air Source ID different; mark thru above & enter _____

Comp Only Comp & Stored Air Stored Air Only

Add'l Info for NFPA 1989:

Routine - No Maintenance Performed

Before Filter Change After Filter Change

5 Comments – Use back if needed

6

Submittal of this air sample authorizes Trace Analytics, LLC to provide services. If purchase order number is required by your company, please provide with sample. I attest that all information provided on this datasheet is truthful and accurate to the best of my knowledge.

SIGNATURE	<input style="width: 100%; height: 20px;" type="text"/>
PRINT Name Wayne Kinard	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Name of Person Taking Test	MONTH DAY YEAR

9 Odor (determined by person taking sample) **REQUIRED**

(check only one) None/Slight Pronounced

From Previous Test: **None/Slight**

FOR Ch-102B, Ch-137A Users Only None Discernible Discernible

10 System PRESSURE is _____ From Previous Test: **High Pressure**

High Pressure (1,000 – 6,000 psi)

Low Pressure (less than 1,000 psi)

Operating Pressure _____

11 Lowest TEMPERATURE _____

equipment may be exposed to during the year _____°F _____°C

12 **FOR LOW PRESSURE** (less than 1,000 psi) **ONLY:** From Previous Test: _____

AIR USED FOR:

Airline Respirator Non-Breathing Air

Other (describe) _____

TYPE OF PURIFICATION INSTALLED: From Previous Test: _____

Molecular Sieve / Desiccant / Dryer

Refrigerated Dryer No Dryer

No Purification Unknown

Rush Analysis Request - CALL TO SCHEDULE

I authorize Same Day Analysis & Reporting for an additional \$100 per sample. Initial Here

PLEASE NOTE

Sample Shelf Life
Once a sample is taken, it must be received by our laboratory within 60 days. **NO EXCEPTIONS.**

Shelf Life
Unused sampling media - 2 years from shipment date

For Trace Use Only: DT Reading: _____

Red Gray

Next Sample Due Approximately: 6/18/2011



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Contacts: Mr. Wayne Kinard, E-mail: wayne@amigosdivecenter.com		Fax:

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Some of the boxes in this form are filled with data from the previous test:	Previous Rpt. No.	11-06608	7	Retest within 30 days of failed test? <input type="radio"/> Yes <input type="radio"/> No
	Previous Spl. Date	3/18/2011	8	Sampling Media Identification

1 Account Name/Location Information

NOTE: Fill in this section only if you are taking a sample for a third party. Initial in the box if you want Trace to send a copy of the report to the person below.

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Monthly Quarterly Semi-Annual

Annual Random Other _____

4 Air Source Identification, **Make, Model, etc.**

Mako Compressor, Model K-15, S/N 8500 97 00, 4 Stage Cylinder

If Air Source ID different; mark thru above & enter _____

Comp Only Comp & Stored Air Stored Air Only

Add'l Info for NFPA 1989:

Routine - No Maintenance Performed

Before Filter Change After Filter Change

5 Comments – Use back if needed

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I attest that all information provided on this datasheet is truthful and accurate to the best of my knowledge.

SIGNATURE _____

PRINT Name **Wayne Kinard**

Name of Person Taking Test _____

MONTH DAY YEAR

Filter Number:

Flowrate:

Liters Per Minute

Total Minutes Sampled: **must be at least 10 min.**

Source Bottle Number:


blue label

Ambient Bottle Number:

white label

Tube Reading: (0 - 200)

Total Minutes Sampled:



A Source Bottle, Filter, and Data Sheet
 MUST BE RETURNED for a complete analysis.

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