

DATA SHEET



DSR122

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 _____

Kit Number _____

Order Number _____

Report Number _____

COMPANY NAME _____ DATE SAMPLE COLLECTED _____

TYPE OF COMPRESSOR/AIR SOURCE _____

SAMPLING FOR _____

AIR SAMPLE COLLECTED _____ NO AIR PURIFICATION FILTER CHANGE _____ BEFORE AIR PURIFICATION FILTER CHANGE
(CHECK ONLY ONE) _____ AFTER AIR PURIFICATION FILTER CHANGE

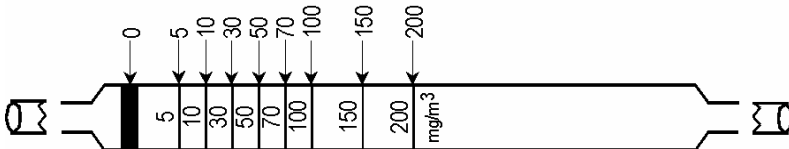
MOISTURE SAMPLE DATA Immediately after sample is taken, record actual stain seen in blank provided and on drawing below.

H₂O TUBE NO. _____

PRESSURE READING FROM TRI'S GAUGE _____

FLOW TIME TUBE WAS IN PLACE _____ MINUTES _____ SECONDS

MOISTURE TUBE DRAWING (Drawing not to scale.)



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.	12 min.	10 min.
4 psig	5 psig	6psig

STAIN GREATER THAN 7? STOP.

If you are testing air for SCBA systems and your moisture tube shows a reddish-brown **stain greater than seven (7)** after you completed sampling as instructed, your sample is **OUT OF SPECIFICATION** per NFPA 1989, 1500 or 1404 requirements. Please call TRI about what to do next. (800) 880-8378. Ask for Air Testing. After 5 pm Central Time dial ext. 159.

OIL MIST/PARTICULATE SAMPLE DATA

FILTER NO. _____

ORIFICE SIZE USED ____ .078 ____ .115 ____ .200

(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. **Select Orifice to use based on your compressor output.**

Pressure Range	1-2 SCFM .078 orifice Minutes	2-6 SCFM .115 orifice Minutes	6-22 SCFM .200 orifice Minutes
4-6 psi	40	19	6
6-10 psi	31	15	5
10-16 psi	22	11	4
16-22 psi	16	8	3
22-30 psi	12	6	2

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 AWAY FROM THE SAMPLING CAP.

REPLACE BLACK SHIPPING CAP WHEN DONE

PRONOUNCED OR UNUSUAL ODOR? _____ YES _____ NO (NO ODOR/SLIGHT ODOR)

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: _____

NFPA 1989, 2008 Edition section A.5.1.1

This form is not mandatory and is only provided for your use.

Per NFPA 1989, 2008 Edition section A.5.1.1 the following information should accompany all compressed breathing air samples submitted to an accredited laboratory. TRI Air Testing will not be using this information for the analysis and it will not be on your analytical report.
If you choose to fill out this form we suggest you keep a copy for your records and submit a copy with each sample so you only need to do it once and modify it if you make changes to your compressed breathing air system.

1. Name of organization/business _____
 Address _____
 City _____ State _____ Zip _____ Phone number _____

2. Date Compressed Breathing Air Sample Collected _____
 3. Location point in the compressed breathing air system from which the compressed breathing air was sampled _____
 4. Highest pressure at which the compressed breathing air is stored or used _____
 5. Lowest temperature to which the compressed breathing air system or SCBA is exposed at any time during the year _____
 6. Number of operating hours since the purification components(s) were installed _____

Brand	Model	Serial Number
7a.	7b.	7c.

Maximum rated operation pressure	Actual operating pressure	Maximum rated flow rate (L/min) at the maximum rated operating pressure
7d.	7e.	7f.

Type of lubrication	Purification components (e.g., mechanical separator, water vapor desiccant, activated charcoal, catalytic converter, particulate filter)	Order of the purification components in series with the compressor, and alarms (e.g., carbon monoxide alarm, high temperature alarm, low oil pressure alarm)
7g. _____ _____ _____	7h. _____ _____ _____ _____	7i. _____ _____ _____ _____

Maximum rated flow rate (L/min) at the maximum rated operating pressure	Actual flow rate of the compressor used to produce the compressed breathing air
8a.	8b.

Completed by: _____
 Date completed: _____