

Foam Concentrate Testing Request

Sample NO.:

Please complete the following and send in with the sample

Sender Company :	
Address :	
Contact Name:	Email :
Tel No :	Fax No :
Sampling Date :	P. Order No. :

Forward Report To:

Name :	Fax No. :
Email Address :	
Postal Address :	

Type of Foam Concentrate and Proportioning %

1% <input type="checkbox"/>	3% <input type="checkbox"/>	6% <input type="checkbox"/>	Other %
AFFF <input type="checkbox"/>	AR-AFFF <input type="checkbox"/>	Flouoroprotein <input type="checkbox"/>	Protein <input type="checkbox"/>
FFFP <input type="checkbox"/>	AR-FFFP <input type="checkbox"/>	Hi-Expansion <input type="checkbox"/>	Not Known <input type="checkbox"/>
Manufacturer:	Brand :	Age:	Batch No. :

Tank & Sample Point

Top <input type="checkbox"/>	Middle <input type="checkbox"/>	Bottom <input type="checkbox"/>	Tank/Tag No.:
Drum 20 litre <input type="checkbox"/>	200 litre <input type="checkbox"/>	1000 litre <input type="checkbox"/>	Other:

* Sample Volume: Minimum 1 litre.

** Sample Containers: Should be clean high density Polyethylene or equivalent bottle.

Payment can be made by

EFT Australia and New Zealand Banking Group Limited, Braeside 244 Boundary Road VIC
 BSB 013-233 Account No. 5257-67757
 Please email remittance to: admin@masterchem.com.au or Fax to + 61 3 8740 3487

Cheque Payable to MasterChem Service Australia P/L