

**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"/>	Fluoroprotein <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, Shop 1-4 541 Main St, Mordialloc VIC  
BSB 013-302 Account No. 5257-67757  
Please email remittance to: [admin@masterchem.com.au](mailto:admin@masterchem.com.au) or Fax to + 61 3 8740 3487

Cheque Payable to MasterChem Service Australia P/L