

Information Card



How-To

Test Site:

Company Name: *

Site: *

Address:

City/State/Zip:

Phone:

Contact Person:

* Will appear on the report / certificate (in yellow)

Send Results Via:

Mail: (mail to Test Site) (mail to Other)

E-mail:

Text: (send a pass / fail alert)

(carrier: AT&T, etc..)

Other:

Name:

Address:

City/State/Zip:

info@safetylabplus.com
800-599-1617

SLP-121R0F2

Sample ID:

Compressor Information:

Type / Brand: *

Serial Number: *

Filter Hours:

Sample Pressure:

Name: Sample Date:
(name of person retrieving sample)

Frequency: Single / Annual Semi-Annual Quarterly

Type: High Pressure Low Pressure Desiccant Refrigerant

Standard:

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> CGA D | <input type="checkbox"/> O.C.A. | <input type="checkbox"/> Z180 |
| <input type="checkbox"/> CGA E | <input type="checkbox"/> OSHA | <input type="checkbox"/> Z275.2 |
| <input type="checkbox"/> NFPA 1500 | <input type="checkbox"/> NAVSEA | <input type="checkbox"/> EN12021 |
| <input type="checkbox"/> NFPA 1989 <input type="checkbox"/> (before)
<input type="checkbox"/> (after) | <input type="checkbox"/> Nitrox I | <input type="checkbox"/> FED BB-A-1034B |
| <input type="checkbox"/> NFPA 99 | <input type="checkbox"/> Nitrox II | <input type="checkbox"/> Spec Analysis |

ISO 8573-1, Class _____ (Provide Class: 142, 222)

Notes:

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