

ACCOMPANYING SHEET TO FOAM SAMPLE

TM011.1 Version:04/15

Fabrik chemischer Präparate von
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 Laboratory
 Liebigstraße 5

 D-22113 Hamburg

Sender:	
	Tel.-No.:
	Fax-No.:
	E-Mail:
Client-Nr.:	Date:
Contact person:	Customer PO number:

Dear Customer,
 We kindly ask you to complete this form and attach it to your foam sample. This will help to reduce the processing time. Thank you for your assistance.

Date of Sampling:	Induction rate %	Type of Foam Concentrate							Type of Water		Foam expansion			Analysis					
		AFF	AFF/AR	FFFP	Fluoro-Protein	Synthetic	Premix	Protein	Tapwater	Seawater	Low	Medium	High *	Standard Foam Analysis	Urgent Foam Analysis	Standard PFC-Analysis	Determining Concentration	Freezing Point Determination	IMO MSC/Circ.
Designation of sample		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sampling Quantity:
 1 ltr of sample minimum. For induction rate check of foam solutions an additional 1 ltr of concentrate + water from the system is required.

Sampling:
 please see technical info sheet TM011 Sampling Foam Compounds

Remark:

The Foam Analysis is subject to a charge. Please attach your PO number to this accompanying sheet.
There is no processing of the sample without an order!