



# REQUEST FOR FOAM ANALYSIS

**Requestor:**

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone or Email: \_\_\_\_\_

Account # (if applicable): \_\_\_\_\_ P.O. # \_\_\_\_\_

	Foam Sample Source (truck, tank farm, port, shipboard, tank, etc.)	Foam Tank Size	Use %	Type of Foam Concentrate Specify Type (AFFF, AR-AFFF, Protein, Hi-Ex) and Manufacturer	Lot No.	Sample Taken From (Mark the appropriate box)			
						Top	Mid	Bot	Mix
1									
2									
3									
4									
5									
6									

(Complete all entries to assure accuracy of test results. Use additional forms if necessary)

**Submit the foam manufacturer's specifications for the characteristics below.**  
(not required if the foam sample is Buckeye product)

pH Range: \_\_\_\_\_

Refractive Index Range: \_\_\_\_\_

Min Expansion: \_\_\_\_\_

Min. Drain Time \_\_\_\_\_

**Send Foam Samples to:**

Buckeye Fire Equipment Co., 110 Kings Road, Kings Mountain, NC, 28086 Attn. QA Foam

- Caution:**
- 1) Prior to shipping, verify sample containers are securely closed and adequately protected from shipping damage.
  - 2) Identify the sample with the corresponding number from the Table above.

**Minimum sample size= 500 ml. (17 oz.) Maximum sample size= 1 liter (34 oz.)**

**Test results to be forwarded to:**

Name: \_\_\_\_\_

Fax No. or email address: \_\_\_\_\_

**Payment Method (Please Circle):**    **Check**    **Credit Card**    **Acct**