



a division of Chemical Exports of Louisiana, LLC
P. O. Box 60367
Lafayette, LA 70596
(337) 233-7155

“Schedule A”

FOAM QUALITY TEST REQUEST FORM

Customer: _____ Contractor: _____

Contact: _____ Rig Name: _____

Address: _____ Location: _____

City/State/ _____ Station: _____

Zip _____

Phone No.: _____

Fax No.: _____

PO No.: _____

Sample Type _____
(foam percent concentrate or premix)

Sample _____ of _____

Comments:



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FOAM QUALITY TEST ANALYSIS

CUSTOMER:	CONTRACTOR:
SAMPLE TYPE:	STATION:
SAMPLE ID:	LOCATION:
SUBMITTAL DATE:	JOB NUMBER:
TIME:	VALIDATED BY:

The following analytical results have been obtained for the indicated sample that was submitted to this laboratory. The undersigned certify that the tests were performed in accordance with applicable standards and the results obtained are as follows:

TEST PARAMETER	REFERENCE	ANALYST	RESULTS	P/F
VISUAL INSPECTION:	Certificate			OK
pH:	Certificate			OK
SPECIFIC GRAVITY:	ASTM			
SURFACE TENSION:	ASTM		dyn/cm	
25% DRAIN TIME:	NFPA 11, Appendix C		min	
EXPANSION RATIO:	NFPA 11, Appendix C		:1	
FILM FORMING:	NFPA 11, Appendix C		Flashes	

COMMENTS: The sample passed all of the required tests.

Performed By: Andy Gordon
 Quality Control Technician

 Date

NOTE: Foam samples are retained for 90 days from the date the foam samples are submitted for testing, then disposed.

Fire Foam Services does not guarantee that the sample tested is representative of the tank contents or that the system will operate properly. The conclusions are based on laboratory-scale test results and do not guarantee field performance.