



FIELD SAMPLE ANALYSIS REQUEST

SAMPLE DATE: _____

TM: _____

CUSTOMER: _____

PRODUCT(S): _____

RECOMMENDED CONCENTRATION(S): _____

SYSTEM(S): _____

ANALYSIS REQUESTED:

pH Concentration Yeast / Bacteria / Fungus

Total Dirt/Oil

Other (specify): _____

REPORT DISTRIBUTION:

TM E-mail: _____

Phone: _____

Fax: _____

Customer E-mail: _____

Phone: _____

Fax: _____

****THIS FORM MUST ACCOMPANY ALL SAMPLES SENT TO PRODUCTO LAB - BOTTLE MUST BE CLEARLY LABELED****

FOR PRODUCTO LAB USE ONLY

DATE RECEIVED BY LAB: _____ COMPLETED BY: _____ DATE: _____

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