THIS FORM MUST BE COMPLETED AND RETURNED WITH CYLINDER

COMPRESSOR SPECIFICATIONS SHEET

CUSTOMER INFORMATION	
Company Name	
Address	
Contact Person	
Purchase Order Number	
Telephone Number	
FAX Number	
E-MAIL	
Sample Cylinder Number (e.g. HP 99)	

☐ Check here if you require analysis to CSA Standard Z275.2 for diving operations; otherwise this sample will be analyzed to CSA Standard Z180.1 for breathing air

COMPRESSOR SPECIFICATIONS	
Make & Model Number	
Serial Number	
Compressor System *(check one)*	☐ HP (2000-6000 psig); operating pressure _____ psig ☐ LP (50-200 psig); operating pressure _____ psig ☐ Ambient; operating pressure _____ psig

PURIFICATION SYSTEM SPECIFICATIONS	
Make & Model Number	
Serial Number	

Identify the components included in the purification train of the referenced purification system:

____ Mechanical separator	____ Water vapour desiccant	____ Activated charcoal
____ Catalytic CO converter	____ Final particulate filter	____ Carbon monoxide alarm

Location in the breathing air system from which the sample was obtained:

Hours of operation since last filter change:

I certify that the information provided on this form is correct and the sample submitted in the cylinder is from the location indicated and produced by the compressor and/or purification system identified on this form.

_____	_____	_____
Signature	Title/Position	Date

Accredited by the Standards Council of Canada as a testing laboratory for testing of compressed breathing air to CSA Standard Z180.1 and CSA Standard Z275.2 as detailed in our scope of testing (www.scc.ca).

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