

SPRINKLER SAMPLE SUBMISSION FORM

Kit Number: _____

Stop here if the sample submission form was completed online.

JOB INFORMATION

Samples taken by: _____ Cell: _____ Email: _____

Job Name: _____

Building Address: _____

Sample Area: _____ Harsh Environment? ☐ Yes ☐ No

Total # of Samples to be Tested in this Job: _____ Box _____ of _____
e.g. 1 of 1

SAMPLE INFORMATION

Sprinkler #1 Location: _____

Sprinkler #5 Location: _____

Sprinkler #2 Location: _____

Sprinkler #6 Location: _____

Sprinkler #3 Location: _____

Sprinkler #7 Location: _____

Sprinkler #4 Location: _____

Sprinkler #8 Location: _____

SEND RESULTS TO

Turnaround Time: ☐ Standard ☐ Rush

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

☐ Mail a physical system tag if job passes



FIRE PROTECTION LABS
DYNETM

SEND BILL TO

☐ Same as Shipping

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

METHOD OF PAYMENT

Purchase Order: _____

Email Invoice To: _____

☐ Will pay via credit card link on invoice