

# INSTRUCTIONS

*NFPA 25 states "a representative sample of water mist nozzles for testing shall consist of a minimum of 4 (automatic)/3 (open) water mist nozzles or 1% of the number of water mist nozzles per individual water mist nozzle sample, whichever is greater." Sampling areas are determined by the building owner.*

- 1 PREFERRED METHOD:** Complete the sample submission form online at [dyneusa.com](http://dyneusa.com). If submitting online, only the kit number needs to be filled out on the other side of this form. The kit number can be found on the outside of all Dyne Sample Kits. If you aren't using a Dyne Sample Kit, a kit number will be generated for you online - this kit number should be written on the shipping box and on this form.

**ALTERNATE METHOD:** Complete all the information on the other side of this form and include it with your samples.

- 2** Place one of the enclosed tags on each water mist nozzle and label with a number that corresponds to the sample submission form. Additional sample tags can be ordered online ([dyneusa.com](http://dyneusa.com)), by email ([dyne.lab@nfpaglobal.com](mailto:dyne.lab@nfpaglobal.com)), or by phone (800-632-2304).
- 3** Pack the water mist nozzles securely between the foam packing material in the kit. Tape (shipping tape, not included) the box shut. Write your return address on the outside of the kit.
- 4** Ship the samples to the laboratory: *Dyne Fire Protection Labs, 2357 Ventura Dr Suite 108, Woodbury MN 55125*

Dyne's Water Mist Nozzle Kits (single or in bulk) can be shipped to the lab using the included USPS (printed on the box) or UPS (in the box) labels within the contiguous United States. Shipping is not included when shipping from outside the contiguous US - if you use a Dyne provided return label in these cases, the shipping cost + administrative time will be invoiced back to you.

**NOTE:** The shipping provided by Dyne does NOT include insurance. Dyne is not responsible for any lost packages or samples damaged in transit. You are responsible for recording tracking numbers.

- 5** A detailed report will be emailed to you within the turnaround time selected (if not selected, we will assume standard turnaround is sufficient). Get results within 5-business days with standard service, or 1-business day with rush service (surcharge applies, call ahead for availability). Note: The turnaround clock starts when the lab receives the samples. The report can also be viewed online at [dyneusa.com](http://dyneusa.com) once available.
- 6** The invoice will be sent after the report. Emailed invoices include a payment link. Credit Card and ACH accepted via this link. Please do not include payment with your samples. Contact Dyne for pricing details ([dyne.lab@nfpaglobal.com](mailto:dyne.lab@nfpaglobal.com), 800-632-2304)



# WATER MIST NOZZLE 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 1 1

## SAMPLE INFORMATION

| Sample # | Location | Activation Temp. (°F) | Minimum Operating Pressure | K-factor |
|----------|----------|-----------------------|----------------------------|----------|
| 1        |          |                       |                            |          |
| 2        |          |                       |                            |          |
| 3        |          |                       |                            |          |
| 4        |          |                       |                            |          |

## 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  
**DYNE™**

## 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