

Concentrate Delivery Information

(Take a Sample and Complete Form for each Truckload)

Base/Location: _____

Retardant Type: _____

Delivery Information:

Date of Delivery: _____ **Time of Delivery:** _____

Volume of Delivery: _____ (pounds or gallons; select one)

Shipper Number: _____ **Shipping Company:** _____

Manufacturing Site: _____

Pumped into Tank Number: _____

Field Sample Test Information

Refractometer Reading: _____ **PH:** _____

Viscosity: _____ **Density:** _____

Comments: (Date sample sent to WFCS, other identification, etc.)
