

SAAF™ Gas-Phase Filtration Media Sample Transmittal

Supply the following information for each gas-phase media sample sent to AAF for analysis. This form must be completed in its entirety. Without this information samples will not be processed. If the information is not known, write "unknown".

Send media sample along with completed form to:

Attn: SAAFCarb Laboratory
AAF International, Atlanta Plant
2624 Weaver Way
Doraville, GA 30340

Waste Generator Statement

1. Has this media been exposed radioactive waste, radioactive gases, or mercury?

☐ Yes ☐ No

2. To your knowledge is this RCRA hazardous waste?

☐ Yes ☐ No

3. If the answer to 1. or 2. is **YES**, please contact your local disposal authority and dispose properly. **DO NOT SEND TO THE AAF LABORATORY.**

4. Has this media been exposed to PCB's, airstreams containing biological matter, arsenic, or solvents (MEK, Xylene, Acetone, and others)?

☐ Yes ☐ No

a). If yes, please identify the exposure: _____

5. Has this media been exposed, stored near or come in contact with any contaminated airstream or liquid other than that listed as it's intended use?

☐ Yes ☐ No

a). If yes, please identify the exposure: _____

Chain of Custody Statement

Waste Generator hereby certifies that information presented above is true and accurate. Further, the Waste Generator bears all responsibility/liability for inaccurate or false information. Waste Generator Signature and date is needed to relinquish sample to the AAF Laboratory.

Signature: _____

Date: _____

6. Contact Information

Sample taken by:

Name: _____

Company: _____

Phone Number: _____

E-mail: _____

Send Results to:

Name: _____

Company: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-Mail: _____

Continued on back.



Better Air is Our Business®

SAAF™ Gas-Phase Filtration Media Sample Transmittal**7. Media Sample Information***

*If media information is not known, please attach chemical media technical specification sheet.

Media Manufacturer: _____

Media Product Name: _____

Media Base Material (i.e. carbon, alumina): _____

CTC Activity (if virgin carbon): _____

Media impregnant (i.e. KOH, KMnO₄): _____

Media % impregnant (i.e. 4%): _____

Media Density (i.e. 34 lb/ft³ or 0.54 g/cc): _____

Media Target Gas Capacity (i.e. 0.14 g/cc H₂S or 26% H₂S): _____

Date Installed: _____

Date Sampled: _____

Media Bed Number (1, 2, or 3 in the direction of airflow): _____

8. Gas-Phase Filter Installation Information

Company: _____

Address: _____

Installation Location: _____

Equipment Manufacturer: _____

Equipment Model Number: _____

Equipment Identification / Serial Number / Asset I.D. (This should match the information on the sample bag.): _____

Equipment Airflow (2000 cfm, 3400 m³/hr): _____

Equipment Description: _____

Quantity of Cassettes or Media (20 cassettes, 5ft³ bulk media): _____

9. Application

Description of the Application: _____

What is the purpose of the gas-phase chemical filter? _____

What is the source of the contaminants? _____

What are the target contaminants? _____

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ISO Certified Firm

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