

CO₂ Analysis Authorization Form



This form MUST be completed & returned with your sample shipment. Analytical testing cannot be performed unless this form is completed and returned.

1. REPORT RESULTS TO: *Please attach complete billing address if different from reporting address.

COMPANY:				
ADDRESS:	<small>Street Address</small>	<small>City</small>	<small>State & Zip Code</small>	<small>Country</small>
CONTACT(S):				
EMAIL ADDRESS(ES):				
P.O. #:		INVOICE # OR QUOTE #:		
TELEPHONE:		CREDIT CARD TYPE:		<input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> MC <input type="checkbox"/> DISC
SAMPLED ON (MM/DD/YY):		CC # / EXPIRATION DATE:		

2. SAMPLE IDENTIFICATION:

INDICATE HOW YOUR SAMPLE SHOULD BE IDENTIFIED & ATTACH A LOG FOR MULTIPLE SAMPLES:				
# OF SAMPLES TAKEN:				
CONTAINER TYPES: <small>Please check all that apply</small>	GAS SAMPLING BAG(S)	MINICYL(S)	NVR CAN(S)	<small>*IF OTHER, PLEASE DESCRIBE:</small>
	HI PRESSURE CYLINDER	STD ALI NO-HAZ SAMPLING KIT	OTHER*	

3. SAMPLE DESCRIPTION:

FINAL PRODUCT	<small>IDENTIFY PHASE:</small>	VAPORIZED LIQUID CO ₂	LIQUID CO ₂	VAPOR OVER LIQUID	DRY ICE (SNOW)
IN-PROCESS					
FEED GAS	<small>IDENTIFY SOURCE:</small>	FERMENTATION	COMBUSTION	SELF GEN	ETO
		AMMONIA	NATURAL WELL	BIOGAS	
OTHER*	<small>*IF OTHER, PLEASE DESCRIBE:</small>				

4. PURITY GRADE TYPE:

<small>Please check what type of purity grade is needed:</small>	ISBT BEVERAGE	FEED GAS	INDUSTRIAL	<small>*IF OTHER, PLEASE DESCRIBE:</small>
	FOOD	MEDICAL	OTHER*	

5. POTENTIAL HAZARDS:

<small>Please specify any hazards:</small>	STD CO ₂ HANDLING PRECAUTIONS	OTHER PRECAUTIONS*	<small>*IF OTHER, PLEASE DESCRIBE:</small>
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6. ANALYTICAL PROGRAM OR INDIVIDUAL TEST(S) REQUESTED:

<small>Please check one desired ALI test program or select tests that are required (if applicable):</small>	STANDARD CONTRACTUAL PGM	STANDARD FEED GAS PGM	FOUNTAIN STANDARD PGM
	ISBT LIST (TIER 1) PROGRAM	ADVANCED FEED GAS PGM	FOUNTAIN CRITICAL PGM
	ISBT W/ SPECIATION (TIER 2) PGM	HARPC	GHG PGM
	STANDARD COCA-COLA PGM	STD FOOD GRADE	MEDICAL GRADE
	STANDARD PEPSI PGM	DRY ICE PGM	OTHER*

***If OTHER - please circle ALL Individual Tests Required:** % CO₂ Purity Non-Condensable Gases = (H₂-N₂-Ar-O₂-CH₄-CO) Oxygen Helium CO THC CH₄ TNMHC Volatile Hydrocarbons (C₁-C₆+) Benzene BTEX Water Vapor NVR / NVOR Oil ID Total Sulfur H₂S SO₂ COS Vol Sulfurs (VSC) Vol Oxygenates (VOX) Acetaldehyde (AA) Vol Halogenated Hydrocarbons (VXH) NO_x NO NO₂ NH₃ HCN Vinyl Chloride (VCl) PH₃ Radon (Rn²²²) GC/MS Scan IR Scan Microscopic Exam Heavy Metals Siloxanes Acid Gases Density Specific Gravity

7. SAMPLE DISPOSITION: *Samples will be saved for 3 business days after report distribution unless otherwise noted.

<small>Please indicate what you'd like ALI to do with your sample after testing.</small>	DISPOSE	RETAIN FOR SPECIFIED TIME PERIOD**	<small>**PLEASE INDICATE TIME PERIOD:</small>
	CLEAN & RETURN CUSTOMER OWNED KIT	OTHER***	<small>*** PLEASE SPECIFY</small>
	RETURN REMAINING SAMPLE*	<small>*SHIP TO ADDRESS & ANY SPECIFIC INSTRUCTIONS:</small>	

8. SERVICE DESIRED: *Additional fees will apply for non-standard test scheduling. You must contact ALI to confirm any expedited service request.

<small>Please indicate how quickly you would like your test results reported.</small>	3-5 WORKDAYS (STANDARD)	SAME DAY*	<small>*IF OTHER, PLEASE SPECIFY:</small>
	2 WORKDAYS*	EMERGENCY / OTHER*	
	1 WORKDAY*		