

12 Holland Av 908 234 1000 800 225 5457 Peapack, NJ 07977-0257 Fax: 908 234 9487 info@komline.com www.komline.com

Test Sample Questionnaire - Industrial Plants

The information requested is to ensure that your material is handled and shipped in accordance with Federal and State regulations as well as Komline-Sanderson's policies and procedures. Information necessary to caution and warn people of risks associated with the handling and shipping of your material must be provided.

If a Safety Data Sheet (SDS) exists for the material, it should be attached to this form. Indicate if the material is classified as a hazardous material (hazmat) in accordance with Federal Hazardous Material Regulations in 49 CFR. Indicate if the material is classified as a hazardous substance by the Environmental Protection Agency (40 CFR).

Identify the major components below or attach your own analysis. Use a separate questionnaire for each sample being sent to K-S.

Component Name		
1		% by weight
SDS attached Is this a hazardous material?] yes, 🗌 no Is this a hazardous s	ubstance? yes, no
2		% by weight
SDS attached Is this a hazardous material?	\square yes, \square no Is this a hazardous s	substance? 🔲 yes, 🔲 no
3.		
SDS attached Is this a hazardous material?	\square yes, \square no Is this a hazardous s	substance? yes, no
Trace components not listed above:		
If the material is classified as a hazardous material ping name, hazard class or division number, number (if applicable):	identification number (when as	signed), and packing group
Are there any precautions to be taken that <u>are n</u> yes, no. If yes please indicate the risk and		
Does the sample represent the actual feed mater for evaluation:		e instructions to prepare it
All materials shipped to Komline-Sanderson fo cleanup of lab or pilot equipment may be return		coduced in the test or in the
K-S should return the sample & washwater to:	Name:	
Tel:	Company:	
Fax:	Shipping Address:	
e-mail:	City, State, Zip:	
The person responsible for the information sent t	to K-S should complete and sign th	ne following:
Name:	Title:	
Signature:	Company:	
Date:	Mailing Address:	
e-mail:	City, State,	Zip:
Tel:	Fax:	