



## **Paint Chip Analysis Request** (For compatibility only)

For	Office	Use	Only
Chip	Anal	vsis	No:

Contact:			Date:			
□Distrib	outor	□Contractor	□Vendor	□Facility Mgr.		
		State:	Zip:			
		Fax:				
Contact:	□Phone	□E-Mai	l □Mail	□Fax		
Pool location/owner/facility name (if form is filled by anyone other than owner/customer or facility mgr.):						
Type of Substrate: □Concrete □Plaster □Gunite □Fiberglass □Steel □Aluminum Other:						
n:	□Indoor	□Outdoor	Age of F	Pool:		
l Water:	□Fresh	□Salt				
Additional Comments or Explanation:						
	Contact: n/owner/f ): strate:  n: I Water:	): strate: □Concrete □ n: □Indoor I Water: □Fresh	State:  Fax:  Contact: □Phone □E-Main/owner/facility name (if form is filled by):  strate: □Concrete □Plaster □Gunite  n: □Indoor □Outdoor  I Water: □Fresh □Salt	□Distributor □Contractor □Vendor  State: Zip: Fax:  Contact: □Phone □E-Mail □Mail  n/owner/facility name (if form is filled by anyone other th ):  strate: □Concrete □Plaster □Gunite □Fiberglass □Ste  n: □Indoor □Outdoor Age of F		

Send a core (including surface) sample of paint chips at least 1/4" in diameter for complete testing; the lab cannot process results from paint powder. Pack in a protected container, such as a bubble-pack envelope, along with a copy of this completed form to:

> Ramuc **36 Pine Street** Rockaway, NJ 07866 **Attn: Chip Analysis Testing**

Results are typically available within 72 hours of receipt of chip. A summary of the results will be emailed or faxed to the appropriate party.