

## MEDIA LIFE ANALYSIS SAMPLING INSTRUCTIONS

This process should be followed to sample the remaining media life of your Purafil dry- scrubbing system. A sample bag should be prepared for each media bed in your system. For example, if you have a two-pass system, prepare and return two sample bags, one for each pass. The included transmittal form must also be completed and included with your sample shipment. The below information must also be labeled on each media sample bag. Be sure to note your serial number for personal reference.

#### **Purafil Media Sampling Procedure**

Reminder: DO NOT SAMPLE MEDIA FROM THE CAP OF THE PORT

How Much to Sample: Use an air-tight plastic bag than can hold at least half of cup = 4 ounces = 118 milliliters

**For Modules:** Remove one Purafil module from near the center of the bank to be tested. Pour about 1/3 to 1/2 of the contents of the module into a box and fill the sample bag with pellets. Refill the module adding a little new media, if necessary, and replace in the system.

**For Bulk Fill Systems:** Using the last three (3) inches of each twelve (12) inch bed, insert the sample probe halfway down into the bed for samples. Continue this procedure until the sample bag is filled.

**Mark the bag with the following information:** (a form is included on page 3 that can be completed and attached to each sample bag, or this information can be written directly on the sample bag)

- Sales Order (S.O.) Number
- Serial Number
- Media Type
- Unit Type
- Date Filled
- Date Sampled
- Indicate which bed/pass the media is from

\*Return the completed media sample transmittal form with your filled and labeled media sample bags to the address below:

Purafil – Chelsea Newton-Lab 2654 Weaver Way Doraville, Georgia 30340

\*Be sure to note tracking information provided from the carrier of your choice\*

#### When to sample your media:

- Puracarb & Odorcarb Ultra every 6 months (2x a year)
- Chlorosorb Ultra, Chlorosorb II, CSO every 3 months (4x a year) and/or whenever an emergency happens
- Chemisorbant, ChemiSelect, Purafil SP every 3 months (4x a year quarterly)

\*\*\*All samples are held for 60 days following initial analysis report\*\*\*



### MEDIA SAMPLE ANALYSIS TRANSMITTAL FORM

Serial Number:		ι	Jnit Type:			
Purafil requires each customer to Media Sample Analysis testing. separate transmittal form for each	Please mak	e any neo	cessary changes	on this sample trans		
A maximum of four media beds of	can be samp	led and sı	ubmitted with each	transmittal form.		
Sales Rep*						
Company Name of Installation*						
Company Contact*						
Phone Number / Email Addres	s*					
Address of Scrubber*						
Specific Room/Area Treated						
COMPLETE THE FOLLOWING BEFORE RETURING TO PURAFIL INC.  Number according to the direction of the airflow:						
	n of the airflo	ow:	EFORE RETORIN			
Number according to the direction	n of the airflo		Bed 2	Bed 3	Bed 4	
					Bed 4	
Number according to the direction					Bed 4	
Number according to the direction					Bed 4	
Number according to the direction  Media/Trade Name  Your Sample Identification					Bed 4	
Number according to the direction  Media/Trade Name  Your Sample Identification  Date Current Media Filled*					Bed 4	
Media/Trade Name Your Sample Identification Date Current Media Filled* Date Sample Taken*					Bed 4	
Media/Trade Name Your Sample Identification Date Current Media Filled* Date Sample Taken*					Bed 4	
Media/Trade Name Your Sample Identification Date Current Media Filled* Date Sample Taken*  LAB USE ONLY % Nan04/Kmn04					Bed 4	
Number according to the direction  Media/Trade Name  Your Sample Identification  Date Current Media Filled*  Date Sample Taken*  LAB USE ONLY  % Nan04/Kmn04  Na <sub>2</sub> S <sub>2</sub> 0 <sub>3</sub>					Bed 4	

An asterisk (\*) denotes mandatory fields. The designated default time for "date current media filled" is 12 months priorto the "date sample taken".



### **MEDIA SAMPLE BAG LABELING**



## 2654 Weaver Way, Doraville, GA 30340, USA FILL BAG COMPLETELY

I ILL DAG C	OMI LETELT				
*S.O. No					
Serial No.					
Unit Type:					
Bed ID #:					
Unit Fill Date:					
Equipment manufacturer (if other than Purafil, Inc.):					
Equipment manaradotaror (il ottor tital)					



# 2654 Weaver Way, Doraville, GA 30340, USA FILL BAG COMPLETELY

*S.O. No				
Serial No.				
Unit Type:				
Bed ID #:				
Unit Fill Date:	Sample Date:			
Equipment manufacturer (if other than Purafil, Inc.):				