

LAQA Sample	
Base Information	
Airtanker Base:	
ATB Mgr:	
ATB Fax:	
ATB Email:	
Base Sample Identification:	
Name and Phone for person taking sample: _____ _____	
Delivery Information	
Retardant Name:	
<input type="checkbox"/> Wet Concentrate <input type="checkbox"/> Dry Concentrate <input type="checkbox"/> Mixed	
Delivery Date:	Delivery Time:
Shipper Number:	
Weight of Delivery:	(pounds or bags)
Transferred to Base Tank Number:	
Sample Information	
<input type="checkbox"/> Delivery <input type="checkbox"/> Begin Season <input type="checkbox"/> End Season	
Number of Gallons Mixed:	
Refractometer Reading:	
Viscosity:	
Marsh funnel Time:	Temperature:
Comments: (P code, storage tank number, problem, etc.) _____ _____ _____	