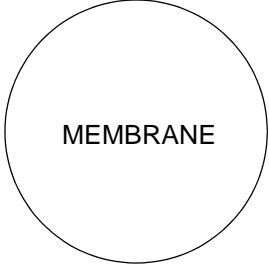
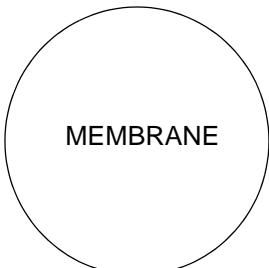


FUEL QUALITY TEST RECORD

AIRPORT _____ FACILITY _____
AGENCY _____ DATE _____

SAMPLING POINT	MEMBRANE FILTRATION TEST ASTM D-2276	WATER SEPARATOR ASTM D-3948	WATER TEST
BEFORE FILTRATION <input type="checkbox"/> PARTICULATE <input type="checkbox"/> CLAY <input type="checkbox"/> FILTER/SEPARATOR <input type="checkbox"/> MONITOR ELEMENT Δp _____ psi UNIT NO. _____	 MEMBRANE		_____ ppm

AFTER FILTRATION <input type="checkbox"/> PARTICULATE <input type="checkbox"/> CLAY <input type="checkbox"/> FILTER/SEPARATOR <input type="checkbox"/> MONITOR ELEMENT Δp _____ psi UNIT NO. _____	 MEMBRANE		_____ ppm

NOTES:

RETAIN THIS FORM FOR 24 MONTHS