

Oil & Grease Grab Sample Collection

(Instructions on 2nd Page)

Industry Name: _____

Month & Year: _____

Person(s) Collecting Sample	Date	Time	Sample Volume
		Begin:	
		End:	
		Begin:	
		End:	
		Begin:	
		End:	
		Begin:	
		End:	

Comments

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INSTRUCTIONS

NOTE: Oil and grease samples must use a Glass (G) container.

- Person(s) Collecting Sample:** Name and company of person(s) who collected the sample.
- Date:** Date of sampling
- Time:** Beginning and ending time of sample collection.
- Sample Volume:** Total Volume of the sample sent to the laboratory for analysis.

W:\Industrial Pretreatment\Website\Forms\ Grab Sample Log