

# Sample Form



Date cleaning / sampling

Please list the samples you send to Tensio for chemical control.  
Please also mention the number on the sample. Thank you in advance!

Number	Object + location	Product	Volume dosed	Beginning / middle end of cleaning (time)
Sample 1				
Sample 2				
Sample 3				
Sample 4				
Sample 5				
Sample 6				
Sample 7				
Sample 8				
Sample 9				
Sample 10				