

**Resin Analysis Submittal Form**

Prior to shipping your resin sample we will need a purchase order and copy of this form faxed to us @ 610-358-4642 OR e-mailed to [sales@reskem.com](mailto:sales@reskem.com). The samples must have a copy of that fax or email document attached on the outside of the box  
**A minimum 3 OZ. SAMPLE is required of INDIVIDUAL RESINS and 8 OZ. for MIXED RESINS**

Failure to complete this section may delay processing:  
**Please CHECK or TYPE either YES or NO for each question below:**

**Have any of the resin samples been used:**

	YES	NO
For Treatment of Industrial Waste ?	<input type="checkbox"/>	<input type="checkbox"/>
For Treatment of Domestic Waste ?	<input type="checkbox"/>	<input type="checkbox"/>
On Animal Farms ?	<input type="checkbox"/>	<input type="checkbox"/>
In Biological Laboratories ?	<input type="checkbox"/>	<input type="checkbox"/>
In Hospitals ?	<input type="checkbox"/>	<input type="checkbox"/>

**If the answer is YES to any question above, give details of hazardous materials that may be present in the resin sample:**

**PO#** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>NAME</b>	<b>REF. NAME AND DATA:</b>	
<b>COMPANY:</b>		
<b>ADDRESS:</b>		
<b>ADDRESS:</b>		
<b>E-Mail:</b>	<b>PHONE:</b>	<b>FAX:</b>

**REASON FOR ANALYSIS:**

NUMBER OF SAMPLES & RESIN INFO- Manufacturer, Designation, etc. if known.			
#		#	
	SOFTENER _____		WB ANION _____
	WA CATION _____		SB ANION _____
	SB CATION _____		MIXED BED _____
	OTHER _____		SPECIAL/UNKNOWN _____

REQUIRED TESTS		
<input type="checkbox"/> TOTAL CAPACITY	<input type="checkbox"/> PICTURE	<input type="checkbox"/> % REGEN EFFICIENCY
<input type="checkbox"/> ANION STRONG BASE	<input type="checkbox"/> MOISTURE	<input type="checkbox"/> ORGANICS
<input type="checkbox"/> ANION WEAK BASE	<input type="checkbox"/> BEAD INTEGRITY	<input type="checkbox"/> IRON
<input type="checkbox"/> OTHER:		

<b>SEND SAMPLES TO:</b>	<b>RES-KEM CORP.</b> #2 NEW ROAD ASTON PA 19014 Phone 610-358-0717	<b>FOR LAB USE ONLY</b> REPORT # SALESPERSON PRIORITY
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