

SALT SAMPLE SUBMISSION



CUSTOMER INFORMATION				
Company Name:				
Company Address:				
Contact Person(s):				
Email Address:				
Contact Phone Number:	<i>Desk:</i>		<i>Cell:</i>	
Unit Serial No. (if Kolene Equipment)			Date Sampled:	
Product Name:			Temperature at sampling:	
Analysis for: (please choose either or)	<i>Routine Sample:</i>		<i>Addressing Production Issues:</i>	
Additional sampling, testing, reporting notes:				
<p>NOTE: Please ensure that there are at least 10 g of sample in flake form in a well-sealed steel container. For further details on sampling please see the sampling instructions which can be found on Kolene's website (www.kolene.com). Samples that are not in flake form and have been ladled out (are in puck form) will be delayed in analysis.</p>				

Send sample and form to:

Attn: Dr. Louis Pignotti
 Kolene Corporation
 12890 Westwood St.
 Detroit, MI 48223
 313-739-2034