



Automatic sampler checklist

Indicate the functioning of the sampler(s) with "Y" for yes or "N" for no. Forward the completed form to the Inspection Specialist on the first day of the following month.

- Shipping Receiving
 Scale I.D. Sampler I.D.

Elevator:

Month / Year	Number:		Number:		Number:		Number:	
	Checked by (initial)	Y/N	Checked by (initial)	Y/N	Checked by (initial)	Y/N	Checked by (initial)	Y/N
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