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FUEL ANALYSIS PROCESSING FORM

Please complete a form to be included along with the fuel for **each** component sampled.

Sample ID #: _____ Claim #: _____ Investigator Case #: _____

VIN/Serial #: _____ Case Name/Insured: _____

Investigator: _____ Company/Dept.: _____

Phone: _____ Email: _____

Vehicle Make: _____ Vehicle Model: _____ Vehicle Year: _____

Fuel Sampled and Fuel Information

Product and Grade: _____

Additives in Use: _____

Sample Date: _____ Sample Collected From: _____

Additional Comments or Information: _____

PLEASE INCLUDE THIS FORM FOR EACH FUEL SAMPLE SUBMITTED

"EXCELLENCE IN FIRE DEBRIS ANALYSIS"