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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"**