



# CHEMGUARD ULTRA-WIDE Proportioning System Inspection Form

This form must be completed and submitted to **ULTRAWIDE@tycofp.com** along with a recent foam analysis report (less than 12 months old) from an accredited lab showing the viscosity of the CHEMGUARD ULTRAGUARD 3x3 AR-AFFF foam concentrate in the system. Each bladder tank supplying an ULTRA-WIDE proportioner is considered to be a separate system. A foam analysis report and this form must be submitted for each system (bladder tank) utilizing an ULTRA-WIDE proportioner.

SITE INFORMATION		SYSTEM MAINTAINER	
Company Name:		Company Name:	
Street Address 1:		Street Address 1:	
Street Address 2:		Street Address 2:	
City:		City:	
State:		State:	
Province:		Province:	
Postal Code:		Postal Code:	
Country:		Country:	
Contact Name:		Contact Name:	
Email:		Email:	
Phone:		Phone:	

### System Information

System Identifier: \_\_\_\_\_

Number of ULTRA-WIDE proportioners in the System: \_\_\_\_\_

### System Design Flow Range:

**Note:** If multiple ULTRA-WIDE proportioners are being supplied by the same bladder tank, report the maximum and minimum flow ranges for each ULTRA-WIDE proportioner separately, along with the serial number of the ULTRA-WIDE proportioner.

ULTRA-WIDE	No. 1	ULTRA-WIDE	No. 2
Maximum Flow (gpm):		Maximum Flow (gpm):	
Minimum Flow (gpm):		Minimum Flow (gpm):	
Serial No:		Serial No:	
ULTRA-WIDE	No. 3	ULTRA-WIDE	No. 4
Maximum Flow (gpm):		Maximum Flow (gpm):	
Minimum Flow (gpm):		Minimum Flow (gpm):	
Serial No:		Serial No:	
ULTRA-WIDE	No. 5	ULTRA-WIDE	No. 6
Maximum Flow (gpm):		Maximum Flow (gpm):	
Minimum Flow (gpm):		Minimum Flow (gpm):	
Serial No:		Serial No:	

Tank Capacity (gallons): \_\_\_\_\_

Foam Concentrate Lot Numbers (if known): \_\_\_\_\_