



- Includes:
- 1 ea 120cc sample bottle
 - 1 ea tongue depressor
 - Instruction sheet
 - Sample identification form
 - Prepaid shipping form - (U.S. Only)
 - Pre-printed return mailing label
 - Laboratory analysis of returned deposit samples

Stock number: 1119174

This kit is designed to conform to the requirements of NFPA 25, 2002, 13.2.1.2 requiring testing for MIC if slime or tubercles are discovered in an internal inspection. The test involves removing some of the slime, deposit, scale, tubercles, mounds, etc. and sending them to Potter for microbiologically influenced corrosion (MIC) analysis.

Upon receiving the sample, the lab will establish a chain of custody and prepare the sample for bacterium extraction. Five groups of bacteria will be cultured: Heterotrophic Bacterium which determines if the majority of bacterium are anaerobic (without air) or aerobic (with air) in nature; Slime Forming Bacterium (aids in tubercle formation); Iron Related Bacterium (iron-pipe oxidizing and reducing bacterium); Sulfate Reducing Bacterium (causes pit corrosion) and Acid producing Bacterium (causes pit corrosion). The testing will take approximately 9 days to allow for bacteria culture growth. A full written report will be provided approximately 15 business days after testing is started.

Deposit Retrieval/Return Procedure

Note: The sample must be received by Potter within 72 hrs after it is removed from the sprinkler system.

1. Open system to be tested.
2. Remove slime, deposit, scale, tubercles, mounds, etc. with enclosed tongue depressor. If more than one type of deposit is present, try to sample all types.
3. Fill 120cc bottle with approximately one-half volume sample collected.
4. Cap bottle tightly and tape cap to bottle.
5. Complete the sample identification section of this document.
6. Place sample bottle and this completed document into the original shipping container.
7. Ship to Potter Electric using the enclosed pre-paid *UPS Second Day* form.
8. A full report will be issued within 15 business days after testing is started.

Certification

Bacterium testing procedures have been tested against the appropriate A.T.C.C. (American Type Culture Collection) strains for each specific group of bacterium.

Sample Identification

NOTE: This section **MUST** be filled out completely and returned with the sample bottle.

Person/Firm Requesting Test

Name: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone #: _____
 Email: _____
 (If you would like report sent via email)

Facility Tested

Name: _____
 Bldg #: _____ Riser #: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone #: _____

System Information

System (*circle one*): Wet/Dry FPS Age: _____ Total # of Risers: _____
 Facility Sq. Ft. (*approx.*): _____ # of Floors: _____
 Facility Type: _____
 Type of Pipe (*circle*): TW/Sch 40/Black/Galv/Threaded/Grooved/CPVC
 Previous System Treatment: _____

Water Sample Information

Date sample collected: _____ Time: _____
 Location in system where obtained: _____
 Sample collected by: _____
 Company: _____
 Address: _____
 Sample description/remarks: _____
