



CAUTION

PEROXIDE FORMING CHEMICAL

Date Received: _____	INHIBITOR ADDED
Date Opened: _____	Y___ N___
Date Expired: _____	Type _____

Limited shelf life. Store tightly closed away from light and heat.

Test Date _____	Peroxide _____	Tester Initials _____
Test Date _____	Peroxide _____	Tester Initials _____
Test Date _____	Peroxide _____	Tester Initials _____