

## POST SCREENING FORM

Date:

Reactor / Bed No.

Job Number:

Empty Outage:

Customer:

Empty Stool Outage:

Location:

Material Type	Serial Number	Time Under Screener	Time Out of Screener	Total weight of Flobin/drum and material	Weight of just Flobin/drum	Weight of Material inside of Flobin/drum
				Gross	Tare	Net