

WATERS EXAMINATION LABORATORY REQUEST FORM



Corporate Accreditation No. 2392
 NATA Accreditation No. 2851

Company Name: Address: Contact Name: _____ Phone Number: _____ Contact Email: _____ Date Sampled: _____ Signed: _____ Purchase Order Number: _____	<input type="checkbox"/> Drinking Water (source to Consumer) <input type="checkbox"/> Reverse Osmosis Water (RO Water) <input type="checkbox"/> Bottled Water, Ice <input type="checkbox"/> Pools <input type="checkbox"/> Spas <input type="checkbox"/> Hydros <input type="checkbox"/> Float Tanks <input type="checkbox"/> Natural Waters (Fresh) <input type="checkbox"/> Natural Waters (Marine) <input type="checkbox"/> Sewage / Wastewater <input type="checkbox"/> Recycled water <input type="checkbox"/> Air conditioning / Cooling Towers <input type="checkbox"/> Other (specify) _____	Additional Sample Comments: Specify Tests Required:
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LABORATORY USE ONLY	SAMPLE DETAILS				TREATMENT				SAMPLE SUBMITTED (please tick)		LABORATORY USE ONLY	
Laboratory Number	Site Code	Description	Time Sampled	Temp (°C)	Type (Cl, Br, etc.)	ppm	pH	Bacteria (chilled)	Amoebae (ambient)	Bacteria set up by / Date:	Amoebae set up by / Date:	

Sampled Received By:	Temperature ("chilled"):	Laboratory Comments:	Report Type:
Receival Date:	Temperature (amoeba):		Authorised By:
			Date:
			Emailed: