

WATER EXAMINATION LABORATORY REQUEST FORM



Accreditation No. 2858

Company Name		Sender's Comments	<input type="checkbox"/> Drinking Water (source to Consumer) <input type="checkbox"/> Treated Recreational Water (Pools, Spas, Hydros) <input type="checkbox"/> Natural Water <input type="checkbox"/> Sewage / Wastewater <input type="checkbox"/> Drain (Leach / Surface / Stormwater) <input type="checkbox"/> Industrial Process Water <input type="checkbox"/> Irrigation Effluent <input type="checkbox"/> Airconditioning / Cooling Towers <input type="checkbox"/> Other (specify in Senders Comments)
Address			
Date sampled	Sampled by	Additional Report - If required please write name and fax number or email address below. <hr/> <hr/>	
Order No.	Signed		

Please specify test required if NOT routine.

LABORATORY USE ONLY		SAMPLE DETAILS				TREATMENT				SAMPLE SUBMITTED <i>(please tick)</i>		LABORATORY USE ONLY	
Laboratory Number	Site Code	Description	Time Sampled	Type <small>(Cl, Br, etc.)</small>	ppm	Temp <small>(°C)</small>	pH	Bacteria <small>(chilled)</small>	Amoebae <small>(ambient)</small>	Bacteria set up by / Date:	Amoebae set up by / Date:		
Samples Received By		Sample Condition On Receipt				Laboratory Comments				Report Type Authorised By		Faxed / Emailed	
Receival Date										Date			