



Company Name:	<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 Recycled water <input type="checkbox"/> Air conditioning / Cooling Towers <input type="checkbox"/> Other (specify) _____	Additional Sample Comments:	
Address:			
Contact Name:			Phone Number:
Contact Email:			
Date Sampled:			Signed:
Purchase Order Number:			
Specify Tests Required:			

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:
								<input type="checkbox"/>	<input type="checkbox"/>		
								<input type="checkbox"/>	<input type="checkbox"/>		
								<input type="checkbox"/>	<input type="checkbox"/>		
								<input type="checkbox"/>	<input type="checkbox"/>		
								<input type="checkbox"/>	<input type="checkbox"/>		
								<input type="checkbox"/>	<input type="checkbox"/>		

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