

## Test request – Water sample

Company: ..... Address: ..... Social security number: .....

Establishment: ..... Contact: ..... Telephone: .....

Sampled by: ..... Invoice payer, if another: .....

The results are sent to the following email address/addresses: ..... Date:.....

Identity as requested in the report:	Sampling date and time:	Requested measurements. Record the letters of measurement:							Other:

Measurements according to regular monitoring in drinking water, regulation No. 536/2001:	Bottled water:	Measurements offered by the laboratory:	
Total plate count 22°C	Total plate count 22°C	A. Total plate count 22°C	K. pH
Coliform bacteria	Total plate count 37°C	B. Total plate count 37°C	L. Total suspended solids (TSS)
Escherichia coli (E.coli)	Coliform bacteria	C. Coliform bacteria	M. Oil and grease.
<b>In addition, if surface water</b>	Escherichia coli (E.coli)	D. Escherichia coli (E.coli)	N. BOD5
Clostridium perfringens	Pseudomonas aeruginosa	E. Enterococci	O. Total Phosphorus
<b>If total audit, add:</b>	<b>In addition, if surface water :</b>	F. Clostridium perfringens	P. Total Nitrogen
Enterococci	Clostridium perfringens	G. Pseudomonas aeruginosa	Q. COD
		H. Conductivity	
		I. Turbidity	
		J. Free- and total chlorine	

<b>Report Language:</b> Icelandic: or English:
---

Further information on the accreditation of methods can be found at [www.syni.is](http://www.syni.is)

Signature on behalf of the buyer: .....