



Test request - Water sample

EBL-0057 / Útgáfunúmer. 1



Company/payer: _____ Address: _____

Site: _____ Social security no: _____

Contact: _____ Telephone: _____

Sampled by: _____ Date: _____

Send results to email address: _____

Sample no.	Sampling date and time	Sample labeling as requested in the report:
1		
2		
3		
4		
5		
6		

Requested measurements:							
Sample no.	1	2	3	4	5	6	
*According to regulation							
Total plate count 22°C							
Total plate count 37°C							
Coliforms							
Escherichia coli (E. coli)							
Thermotolerant coliforms							
Enterococci							
Clostridium perfringens							
Pseudomonas aeruginosa							
Listeria spp.							
Conductivity							
Turbidity							
pH							
Ammoniak (NH ₃)							
Free- and total chlorine							

*** Regular monitoring in drinking water acc. to regulation no. 536/2001:**

- Total plate count 22°C
- Coliforms
- Escherichia coli (E. coli)

Report:

Icelandic English

One report Report for each sample

Requested measurements - waste water:							
Sample no.	1	2	3	4	5	6	
Total suspended solids (TSS)							
Oil and grease							
COD							
BOD5							
Total Phosphor (P)							
Total Nitrogen (N)							
pH							
Ammoniak (NH ₃)							

Other:

Signature on behalf of the client

Further information on the accreditation of methods can be found at www.syni.is