



Test request - Water sample for cruise vessels

EBL-0068 / Version 1



Port agency: _____ Port agency reference number: _____

Port agency contact: _____ Port agency contact email: _____

Vessel name: _____ Location of vessel: _____

Sampling bottles required: Yes: No: Sampled by Sýni: Yes: No:

If yes, agent from Sýni ehf. should arrive to take the samples at: Date: _____ Time: _____

Vessel contact name: _____

Vessel contact details: _____

Send results to email address: _____

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

Requested measurements:						
Sample no.	1	2	3	4	5	
Total coliforms						
Thermotolerant coliforms (fecal coliforms)						
Escherichia coli (E. coli)						
Total plate count 22°C						
Total plate count 37°C						
Enterococci						
Pseudomonas aeruginosa						
Legionella						
Sulfite reducing bacteria						
Conductivity						
Turbidity						
pH						

Sensory analysis						
Sample no.	1	2	3	4	5	
Color						
Odor						
Apperance						

Heavy metals: (Please list which one)						
Sample no.	1	2	3	4	5	

Requested measurements - waste water:						
Sample no.	1	2	3	4	5	
Total suspended solids (TSS)						
Total oil and grease						
COD						
BOD5						
Total Phosphorus (P)						
Total Nitrogen (N)						
Ammoniak (NH ₃)						
Free chlorine						
Total chlorine						
Nitrite (NO ₂)						
Nitrate (NO ₃)						

Report:

Icelandic English

One report Report for each sample

Other:

Signature on behalf of the client

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