



Test request - Water sample for cruise vessels

EBL-0068 / Version 2



Company/payer: _____ Social security no: _____

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 Síni: Yes: No:

If yes, agent from Síni 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 evaluation					
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

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