

## Test request - Water sample for cruise vessels EBL-0068 / Version 3



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 Sýni ehf.: 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													
	ment	nents:				Sensory evaluation							
Sample no.		1	2	3	4	5	Sample no.	1	2	3	4	5	
Total coliforms							Color						
Thermotolerant coliforms (fecal coliforms)							Odor						
Escherichia coli (E. coli)							Apperance						
Total plate count 22°C													
Total plate count 37°C							Heavy metals: (Please list which one)						
Enterococci							Sample no.	1	2	3	4	5	
Pseudomonas aeruginosa													
Legionella													
Sulfite reducing bacteria													
Conductivity													
Turbidity													
pH													
Requested measurements - waste water: Other:													
Sample no.			2	3	4	5	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 <sub>3</sub> )							Regarding report:						
Free chlorine													
Total chlorine							Icelandic	Engli	sh				
Nitrite (NO2)													
Nitrate (NO <sub>3</sub> )							One report	Rep	ort fo	r eac	h sam	nple	

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

Signature on behalf of the client