

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 chlorine						
Total chlorine						

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)						

* Regular monitoring in drinking water acc. to regulation no. 536/2001:
 - Total plate count 22°C
 - Coliforms
 - Escherichia coli (E. coli)

Sensory evaluation						
Sample no.	1	2	3	4	5	6
Color						
Odor						
Apperance						

Other:						
Sample no.	1	2	3	4	5	6

Regarding report:

Icelandic English

One report Report for each sample

Signature on behalf of the client

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