

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		

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)					

Other:					
Sample no.	1	2	3	4	5

Regarding report:

Icelandic English

One report Report for each sample