

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. (Not type analysis)							
Listeria - type analysis							
Listeria Monocytogenes							
Conductivity							
Turbidity							
pH							
Ammoniak (NH <sub>3</sub> )							
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 <sub>3</sub> )							

\* 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