

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: <input type="checkbox"/> No: <input type="checkbox"/>	Sampled by Sýni ehf.: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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						

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 <sub>3</sub> )						
Free chlorine						
Total chlorine						
Nitrite (NO <sub>2</sub> )						
Nitrate (NO <sub>3</sub> )						

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

Other:						
	Sample no.	1	2	3	4	5

Regarding report:	
<input type="checkbox"/> Icelandic	<input type="checkbox"/> English
<input type="checkbox"/> One report	<input type="checkbox"/> Report for each sample