



# Water Request Form

## CONTACT

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Email: \_\_\_\_\_

Reports forwarded by (please tick): Fax  Email  Mail

## DATE SAMPLED

## TIME SAMPLED

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_ am  pm

## SAMPLE DROP OFF DETAILS

Collection Centre: \_\_\_\_\_  
 Date of Drop off: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Time of Drop off: \_\_\_\_ : \_\_\_\_ am  pm   
 Collection Centre Sign off: \_\_\_\_\_

## CLIENT INFORMATION

## TESTS REQUIRED (Please tick)

Water type	Sample Description	Batch/Code	Legionella	Legionella & Plate Count	Plate Count	E.coli	Faecal Coliform	Total Coliforms	Pseudomonas aeruginosa	Enterococci	Yeast & Mould	Pool Testing	Endotoxin	Chemical Bore Water	Medical Washes	Chemical Animal Drinking	Individual Chemical Test (Please specify)	Other (please specify)

## OFFICE USE ONLY

Arrival Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Action: \_\_\_\_\_  
 Arrival Time: \_\_\_\_ : \_\_\_\_ am  pm       \_\_\_\_\_  
 Condition of Sample: Satisfactory: Yes  No       Signature: \_\_\_\_\_