

## WATER SUBMISSION FORM

ADMINISTRATIVE INFORMATION	TECHNICAL INFORMATION		
<p><b><u>SAMPLING SITE:</u></b></p> <p>Name:</p> <p>Address:</p> <p>Postcode:                      Town:</p> <p>Administrative site if different from sampling site:</p> <p>Phone No.:</p> <p><b><u>National identification No.:</u></b></p> <p><b>Building:</b></p> <p>Client ref.:</p> <p>Organisation:</p> <p>Veterinarian:</p> <p>Technician:</p>	<p><b><u>REASON FOR REQUESTING ANALYSIS:</u></b></p> <p><input type="checkbox"/> Monitoring</p> <p><input type="checkbox"/> Salmonella regulations</p> <p><input type="checkbox"/> Other:</p>		
<p><b><u>Sampler:</u></b></p> <p><b><u>Date sampled:</u></b></p>	<p><u>Sample source/origin</u></p> <p><input type="checkbox"/> Tap water</p> <p><input type="checkbox"/> Borehole</p> <p><input type="checkbox"/> Well</p> <p><input type="checkbox"/> Other:</p>		
<p><b><u>INVOICED:</u></b></p> <p>Name:</p> <p>Address:</p> <p>Postcode:</p> <p>Town:</p>	<p><u>Water treatment</u></p> <p><input type="checkbox"/> Untreated</p> <p><input type="checkbox"/> Treated with chlorine</p> <p><input type="checkbox"/> Treated with:</p>		
<p><b><u>TRANSMISSION OF RESULTS:</u></b></p> <p>(For the transmission of results by e-mail, a signed proof agreement is required)</p> <p><input type="checkbox"/> Owner/producer</p> <p><input type="checkbox"/> Veterinarian</p> <p><input type="checkbox"/> Departmental bodies (DDCSPP/DDPP)</p> <p><input type="checkbox"/> Organisation</p> <p><input type="checkbox"/> Other:</p>	<p><u>Sampling site</u></p> <p><input type="checkbox"/> Outside</p> <p><input type="checkbox"/> Shop</p> <p><input type="checkbox"/> Header tank</p> <p><input type="checkbox"/> At the beginning of the drinker line</p> <p><input type="checkbox"/> At the end of the drinker line</p> <p><input type="checkbox"/> Other:</p>		
<p><b><u>NAME OF PERSON REQUESTING ANALYSIS:</u></b></p> <p><b><u>Signature*:</u></b></p>	<p><b><u>ADDITIONAL INFORMATION:</u></b></p>		
BACTERIOLOGY NUMBER OF BOTTLES:	CHEMISTRY NUMBER OF BOTTLES (WITHOUT THIOSULPHATE/BISULPHITE):		
<p><input type="checkbox"/> <b>Partial Bacteriology</b> Total coliforms + Faecal coliforms (<i>E.coli</i>) + <i>Enterococci</i> + Sulfite-reducing anaerobic bacterias</p> <p><input type="checkbox"/> <b>Full Bacteriology</b> Aerobic flora at 22°C and 37°C + Total coliforms + Faecal coliforms (<i>E.coli</i>) + <i>Enterococci</i> + Sulfite-reducing anaerobic bacterias + <i>Staphylococcus aureus</i></p> <p><input type="checkbox"/> <b>Bacteriology</b> <b>Choose from:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> <i>Salmonella</i> (based on standard NF EN ISO 19250)</li> <li><input type="radio"/> Aerobic flora</li> <li><input type="radio"/> <i>Staphylococcus aureus</i></li> <li><input type="radio"/> <i>Pseudomonas aeruginosa</i></li> <li><input type="radio"/> Other:</li> </ul>	<p><input type="checkbox"/> <b>Partial Chemistry</b> pH, nitrate, iron, hardness</p> <p><input type="checkbox"/> <b>Partial Chemistry</b> pH, nitrate, iron, hardness + <b>Manganese</b></p> <p><input type="checkbox"/> <b>Full Chemistry</b> pH, nitrate, iron, hardness, conductivity, organic matter, ammonium, chlorides, manganese, nitrite</p> <p><input type="checkbox"/> <b>Chemistry</b> <b>Choose from:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li><input type="radio"/> pH</li> <li><input type="radio"/> Conductivity</li> <li><input type="radio"/> Ammonium</li> <li><input type="radio"/> Nitrate</li> <li><input type="radio"/> Nitrite</li> <li><input type="radio"/> Other:</li> </ul> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li><input type="radio"/> Hardness</li> <li><input type="radio"/> Organic matter</li> <li><input type="radio"/> Chlorides</li> <li><input type="radio"/> Iron</li> <li><input type="radio"/> Manganese</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li><input type="radio"/> pH</li> <li><input type="radio"/> Conductivity</li> <li><input type="radio"/> Ammonium</li> <li><input type="radio"/> Nitrate</li> <li><input type="radio"/> Nitrite</li> <li><input type="radio"/> Other:</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Hardness</li> <li><input type="radio"/> Organic matter</li> <li><input type="radio"/> Chlorides</li> <li><input type="radio"/> Iron</li> <li><input type="radio"/> Manganese</li> </ul>
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The client must ensure they possess the latest version of this document.