



SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT LAB

620 South 400 East #400 ST. GEORGE, UT 84770 (435) 986-2580

LAB NUMBER: UT00955

POOL WATER BACTERIA TESTING SAMPLE FORM

Send Reports To:

*Name: _____ *Phone: _____ *Email: _____ *Samples Collected By: _____ *Sample Collection Date: _____
Address: _____ City: _____ State: _____ Zip: _____

Sample Information

Please print clearly as you fill out this form out completely and accurately. Lab staff will not alter submitted paperwork.

*Pool Location	*Site Description	*Sample Time (24hr)	Bottle ID	*Sample Type	MEASURED POOL CHEMISTRY AT TIME OF SAMPLE					Water Clarity	Bathers	For Laboratory Use Only			
					pH	Chlorine Free	Chlorine Total	Alkalinity	Cyanuric Acid			ORP	Sample #	Coliform & E. coli +/-	HPC MPN
	<input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> _____			<input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Check							<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy	<input type="checkbox"/> Y <input type="checkbox"/> N		/	
	<input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> _____			<input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Check							<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy	<input type="checkbox"/> Y <input type="checkbox"/> N		/	
	<input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> _____			<input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Check							<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy	<input type="checkbox"/> Y <input type="checkbox"/> N		/	
	<input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> _____			<input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Check							<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy	<input type="checkbox"/> Y <input type="checkbox"/> N		/	
	<input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> _____			<input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Check							<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy	<input type="checkbox"/> Y <input type="checkbox"/> N		/	
	<input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> _____			<input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Check							<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy	<input type="checkbox"/> Y <input type="checkbox"/> N		/	
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	<input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> _____			<input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Check							<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy	<input type="checkbox"/> Y <input type="checkbox"/> N		/	

*I, _____, declare that the sample(s) submitted with this form have been in my possession since the time of collection and that, to the best of my knowledge, the information submitted on this form is true, accurate, correct and complete.

Signed _____ Date: _____ Time: _____

Received On Ice?
☐ Yes ☐ No; Temp _____ °C
☐ Received within 1 Hour

Paid: _____ Lab Received By: _____ Date: _____ Time: _____

Chain of Custody

Accepted By: _____
Date: _____ Time: _____
Transfer To: _____
Date: _____ Time: _____

☐ N/A

☐ N/A

*Required information on each form submitted