



SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT LAB

LAB NUMBER: UT00955

620 S. 400 East #400 ST. GEORGE, UT 84770 435-986-2580

Swimming Pool & Spa Samples

Company Name: _____

Contact Name: _____

Address: _____

Sample Date:* _____

Send Result Report Via: E-mail USPS Fax

Phone #: _____ Fax # _____ E-mail: _____

***SAMPLES MUST BE RECEIVED BY THE LAB WITHIN 24 HOURS OF COLLECTION TIME**

<u>Complete Pool Name</u> <i>(No Abbreviations Please)</i>	<u>Bottle I.D.</u>	<u>Pool Type</u>	<u>Sample Type:</u>	<u>Sample Time:</u>	<u>Free Cl₂:</u>	<u>Total Cl₂:</u>	<u>pH:</u>	<u>Alk:</u>	<u>CyA:</u>	<u>ORP:</u>	<u>Water Clarity:</u>	<u>Bathers:</u>	<u>FOR LAB USE ONLY</u>
		<input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Wader	<input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Check								<input type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sample #: _____
		<input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Wader	<input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Check								<input type="checkbox"/> Clear <input type="checkbox"/> Slightly Cloudy <input type="checkbox"/> Cloudy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sample #: _____
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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: _____

UN-SIGNED FORMS WILL NOT BE ACCEPTED

Date Received: _____
Time Received: _____
Received By: _____

Received On Ice? Yes No Received within 1 Hour Temperature at Receipt: _____ °C Paid: _____