



1551 Oakbridge Dr. STE B
 Powhatan, VA 23139
 804.897.1177 / 888.895.1177
 Fax 804.897.0070
 sanair.com

Legionella
Chain of Custody
 Form #69, Revision 4, 1/20/2017

SanAir ID Number

Company:	Project Number:	Phone #:
Address:	Project Name:	Phone #:
City, State, Zip:	Date Collected:	Fax #:
Account #:	P.O. Number:	Email:
Samples Collected By:	State Sample Taken In:	Email:

Sample #	Sample Site	Sample Type*	Water System**	Biocides Present?	Sample Volume	Sample Temp.	Sampling Time	Sampling Date	Free Halogen
		W / SL / SW	CT / CL / OL / PR / E / S / T / F	Yes / No					
		W / SL / SW	CT / CL / OL / PR / E / S / T / F	Yes / No					
		W / SL / SW	CT / CL / OL / PR / E / S / T / F	Yes / No					
		W / SL / SW	CT / CL / OL / PR / E / S / T / F	Yes / No					
		W / SL / SW	CT / CL / OL / PR / E / S / T / F	Yes / No					
		W / SL / SW	CT / CL / OL / PR / E / S / T / F	Yes / No					
		W / SL / SW	CT / CL / OL / PR / E / S / T / F	Yes / No					
		W / SL / SW	CT / CL / OL / PR / E / S / T / F	Yes / No					
		W / SL / SW	CT / CL / OL / PR / E / S / T / F	Yes / No					
		W / SL / SW	CT / CL / OL / PR / E / S / T / F	Yes / No					
		W / SL / SW	CT / CL / OL / PR / E / S / T / F	Yes / No					
		W / SL / SW	CT / CL / OL / PR / E / S / T / F	Yes / No					
		W / SL / SW	CT / CL / OL / PR / E / S / T / F	Yes / No					
		W / SL / SW	CT / CL / OL / PR / E / S / T / F	Yes / No					
		W / SL / SW	CT / CL / OL / PR / E / S / T / F	Yes / No					

*Sample Type: W = Water, SL = Slime, SW = Swab **Water System: CT = Cooling Tower, CL = Closed Loop, OL = Open Loop, PR = Process Water
 EW = Equipment Water, S = Sink, T = Tub, F = Fountain

If biocides are present, please list names: _____ Inactivating Agent Used: Yes / No

Samples Relinquished by: _____ Date: _____ Shipment Time: _____ Page ____ of ____

If no technician is provided, then the primary contact for your account will be selected.

For Office Use, Only Samples Received by: _____ Date: _____ Receiving Time: _____
Sample Temp. At Receipt: _____ Samples Were Subjected To ISO/OSHA Criteria and Were <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected (Tech. Initials: _____)