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**Legionella**  
**Chain of Custody**  
 Form #69, Revision 2, 6/15/2016

SanAir ID Number

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

Sample #	Sample Site	Sample Type*	Water System**	Biocides Present?	Sample Volume	Sample Temp.	Sample Date	Sample Time
		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 \_\_\_\_

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: _____)
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