

Sample Temp. At Receipt:

10501 Trade Court N Chesterfield VA 23236

## I egionella

ieiia	
Crretodr	

SanAir ID Number

SanAir Sechnologies Laboratory 804.897.1177 / 888.895.1177 Fax 804.897.0070 sanair.com  Company:  Address:  City, State, Zip:				Chain of Custody Form #69, Revision 6, 1/4/2022																				
				Project Number: Project Name: Date Collected:				Phone #: Phone #: Fax #:																
												Acc	ount #:				P.O. Number:				Email:			
												Sam	ples Collected I	By:			State Sample Taker	n In:			Emai	1:		
Sample #		Sample Site		v	Vater System**	Biocides Present?	Sample Volume	Samp Tem		ampling 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																		
*Samj	ole Type: W = Wat	er, SL = Slime, SW = Swab	**Water	System: C7	Γ = Cooling Tower, CL = EW = Equipment V					cess Water														
If bio	cides are present,	please list names:			Inac	tivating Age	ent Used: Y	es / No																
•	les Relinquished					it Time:			Page _	of														
	technician is provi For Office Use, Only	ded, then the primary conta	ct for your accou	ınt will be	selected.																			
		d by:		Date	e:	_ Receiving	g Time:																	

Samples Were Subjected To ISO/OSHA Criteria and Were □ Accepted □ Rejected (Tech. Initials: