

REQUEST FOR POOL/SPA WATER ANALYSIS

LABORATORY DIVISION
 1600 N Michigan Ave, Saginaw, MI 48602
 989.758.3825

Laboratory Sample ID Number:	Received:
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- ✓ Pool/Spa samples are to be submitted to the Laboratory on **Monday mornings before 12 noon**. Holidays may vary this schedule and notices will be posted.
- ✓ Please complete all parts of this form.
- ✓ Samples not properly identified or not having clear test requests **MAY NOT** be tested.
- ✓ Fill the sample bottle between the 100 ml line and the shoulder of the bottle. Leave ¼ of airspace.
- ✓ Samples must be less than 24 hours old and kept refrigerated.

Report Results To (Facility Name):	
Street Address:	Phone:
City, State & Zip Code:	
Collected By:	Date & Time Collected:

Please circle source of water:	
Pool	Spa
No. of Bathers When Sample Taken:	pH:
<input type="checkbox"/> Chlorine Residual:	<input type="checkbox"/> Bromine Residual:
Comments:	