

Legionella Analysis Report



P.O. Box 550
Westfield IN, 46074
317-867-4477

Report Date:



Certificate #: 4945.01

Report Issued To

Chain of Custody

Customer Name:	Sample Date:	Analysis #:
Customer Location:	Date Received:	Time Received:
Sales Rep:	Analysis Start Date:	
	Analysis Start Time:	Analysis Completed:

#	Sample ID	Sample Name	Sample Type	Sample Time	Legionella pneumophila Serogroup 1	Legionella pneumophila Serogroup 2-14	Legionella (non-pneumophila)	Total	Temperature (F)	Free Chlorine (ppm)	Total Chlorine (ppm)	Chlorine Dioxide (ppm)	Monochloramine (ppm)	pH	ORP (mV)
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

BDL: Below Detection Limit (Non-potable water: 10 CFU/ml, Potable water: 0.1 CFU/ml, Swab: 10 CFU/swab)

'Sample Date', 'Sample Time', 'Sample Name', and 'Sample Type' are provided by the customer. Field results are provided either by field representatives or customers.

Comments:

Legionella analysis by culture (based on CDC Method).

S. Selvaratnam

Shivi Selvaratnam, Ph.D.

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S. Selvaratnam

Shivi Selvaratnam, Ph.D.

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