Legionella Chain-of-Custody and Analysis Request Form

Date of Sampling:_____ **Job #:**_____ **Cl Test Results:** _____

Date of Sample Receipt:_____ **Order #:**_____ **Time of Cl Test:** _____

Client:_____

Location:_____

Field Hygienist:_____ **Biocide used & Concentration:** _____

HILLMANN CONSULTING

ENVIRONMENTAL CONSULTING, LAB SERVICES
1600 ROUTE 22 EAST
P.O. BOX 1597
UNION, NEW JERSEY 07083-1597
(908) 688-7800
www.hillmannconsulting.com

Sample ID / Lab ID	Sample Type (Check One)		Time of Sampling	Volume (ml)	Sample Location Description	pH	Sample Temp (°F)	Outlet Max. Temp. (°F)	Free Chlorine (mg/L)	Raw Colony Count	CFU/mL	Legionella Type
	Potable	Non-Potable										

Arrival Sample Temp:_____ Incubator: Time & Date In:_____Temp (C°) _____

Arrived on Ice: ☐ Time & Date Out: _____ Temp (C°) _____ Analysis Start Date & Time: _____

Sampled By:	Transported By:	Received By:	Analyzed By:
Name:			
Signature:			
Date:			